

**A STUDY TO ASSESS THE EFFECT OF SELECTED ASPECTS OF
GARBHA SANSKAR ON STRESS COPING STRATEGIES AND
WELLBEING OF ANTENATAL MOTHERS OF PUNE CITY.**

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By

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Under the guidance of

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May 2016

CERTIFICATE

This is to certify that the thesis entitled “**A STUDY TO ASSESS THE EFFECT OF SELECTED ASPECTS OF GARBHA SANSKAR ON STRESS, COPING STRATEGIES AND WELLBEING OF ANTENATAL MOTHERS OF PUNE CITY.**” is a genuine and bonafide work prepared by Mrs.Jyotsna Rajendra Deshpande under my guidance and direct supervision. The research report has been submitted to Tilak Maharashtra Vidyapeeth Pune in fulfillment of the award of the Degree of Doctor of Philosophy.

To the best of my knowledge and belief, the matter presented in this thesis has not been submitted earlier for the award of the degree of Doctor of Philosophy of Tilak Maharashtra Vidyapeeth, Pune.

Place: PUNE

Date: / /

Dr. VISHAL G.JADHAV

DECLARATION

I, the undersigned, hereby declare that the thesis entitled, “**A STUDY TO ASSESS THE EFFECT OF SELECTED ASPECTS OF GARBHA SANSKAR ON STRESS, COPING STRATEGIES AND WELLBEING OF ANTENATAL MOTHERS OF PUNE CITY.**” is a genuine and bonafide work prepared by myself under the guidance of Dr.Vishal G.Jadhav and submitted to Tilak Maharashtra Vidyapeeth Pune for the award of Doctor of Philosophy Degree.

The present research work is original and the conclusion drawn there is based on the data collected by myself. To the best of my knowledge and belief the matter presented in this research has not been submitted for the award of any degree either from Tilak Maharashtra Vidyapeeth or any other institute or academic organization. The list of references for secondary data is attached in the bibliography.

Place: PUNE

Date: / /

Mrs. Jyotsna Rajendra Deshpande

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SUMMARY OF THESIS

Pregnancy is one of the wonderful gifts of God, imposed naturally to womanhood only. It is a period of enormous physio-pathological and psychological adoption in a women's life. Although it is usually a time of joy and anticipation, many women experiences some degree of anxiety, concern and fear regarding their own health and that of their babies,. As well as the approaching labour. Pregnancy is a normal physiological process and not a disease, but it is associated with certain risks to health and survival both for women and infant she bears. Since ancient times it has been known that the child in the womb adopts impressions from its surroundings and the behavior of its mother and also starts learning things. This fact has now been confirmed by modern science. The health of the parents is directly responsible for the health of a child. Not only their physical health, but also their psychological and spiritual health affects the child in the womb. The surrounding environment, the food, the activities, positive or negative thinking, in fact everything the mother is exposed to during the pregnancy directly affects the child. In Garbha Sanskar technique we teach to correct all the related things in positive manner to get best results in baby.

With this background researcher conducted a study to assess the effect of selected aspects of Garbha Sanskar on stress, coping strategies and wellbeing of antenatal mothers of Pune city

Objectives of the study to assess the level of stress before and after administration of selected aspects of Garbha Sanskar on antenatal mothers. To identify the coping strategies before and after administration of selected aspects of Garbha Sanskar on antenatal mothers. To assess the level of wellbeing before and after administration of selected aspects of Garbha Sanskar on antenatal mothers. To correlate the effect of Garbha Sanskar with selected physiological parameters. To associate the findings with age, parity, occupation, income, education, type of family.

The research method adopted for the study was a quantitative research approach. The research design selected for this study was a "time series design". A non -

probability convenient sampling method was used for the selection of the representative samples for the study. Data was collected from 200 Antenatal mothers who have completed 12 weeks gestation. Data collection tool included Self structured questionnaire and administration of selected aspect of garbha sanskar on antenatal mothers. Conceptual framework used for this study is King's Theory of Goal Attainment is a systems model. Hypothesis of the study were there will be no significant difference between the selected aspects of Garbha Sanskar on stress level, coping strategies and wellbeing of antenatal mothers

This tool was validated by 29 different experts. Pretesting of the tool was conducted to establish the reliability on 20 samples. Spilt half reliability was used to establish the reliability of stress, coping strategies and wellbeing. . As the value of $r=0.81$ for stress, Reliability of coping strategies is $r=0.95$ and also reliability of wellbeing is $r=0$. Similarly Pilot study was conducted on 20 samples to establish the feasibility of the study. The subjects of the pilot study were excluded from the final study. a formal permission was obtained from hospital authority

The statistical analysis was made on the basis of objectives; the data was analyzed by using descriptive and inferential statistics that is Frequency, percentage distribution, Mean Standard Deviation. 't' test was used. The findings are documented in tables, graph, and diagrams.

The following are the major findings of the study:

45% of them from experimental group had first parity, 78% of them were housewives, 47% of them had secondary education, 58% of them had joint family, 16% of them had previous abortion from control group 56% of them had second parity, 57% of them were housewives 20% of them had graduation and 3% of them had post-graduation, 57% of them had joint family, 21% of them had previous abortion. Findings regarding Assessment of Physiological parameters in antenatal mothers in experimental group It shows that the weight of the antenatal mothers improved significantly after Garbha sanskar. The difference in Hemoglobin of the antenatal mothers improved significantly.

Systolic and Diastolic blood pressure of the antenatal mothers were maintained. Garbha sanskar improved the physiological parameters of antenatal mothers significantly.

Effect of Garbha Sanskar on level of stress in experimental group Mean of stress score in pretest was 14.4 which decreased to 12.5, 11.6, 11.4 and 10.2 in posttest1-posttest4 respectively. T-values for this comparison were 10.8, 18.5, 20.1 and 23.6. Corresponding p-values were of the order of 0.000, which were small (less than 0.05). Stress of the antenatal mothers decreased significantly after garbha sanskar.

Comparison of stress scores in experimental and control groups - z-test was applied. In experimental group stress score is decreased 12.5 in posttest1, 11.6 in posttest2, 11.4 in posttest3 and 10.2 in posttest4. In control group stress score is 22.2 in posttest1, 34.1 in posttest2, 37.3 in posttest3 and 40.5 in posttest4. The stress in experimental group decreased significantly faster as compared to that in control group. Garbha sanskar is significantly effective for reducing stress scores of antenatal mothers.

Effect of Garbha Sanskar on coping strategies in experimental group - paired t-test was applied for comparison of coping of antenatal mothers before and after garbha sanskar. Average coping score in pretest was 40.9 which increased to 54.6, 56.1, 57.1 and 61.3 in posttest1-posttest4 respectively. T-values for this comparison were 14.4, 17, 18.1 and 22.1. Corresponding p-values were of the order of 0.000, which were small (less than 0.05). Coping of the antenatal mothers improved significantly after garbha sanskar

Effect of Garbha Sanskar on wellbeing in experimental group - paired t-test was applied for comparison of wellbeing of antenatal mothers before and after garbha sanskar. Average wellbeing score in pretest was 15.9 which increased to 16.2, 17.1, 17.3 and 17.7 in posttest1-posttest4 respectively. T-values for this comparison were 0.8, 3.6, 4.3 and 5.7. Corresponding p-values were of the order of 0.000 for posttest2 onwards, which were small (less than 0.05). Wellbeing of the antenatal mothers improved significantly after garbha sanskar posttest2 onwards.

Association of Stress level with selected demographic variables - Fisher exact test is used for the association. Demographic variables age, parity, occupation, monthly family income, education, type of family and previous abortion, religion, husbands education,

husbands occupation, decision making in the family were found to have significant association with stress of antenatal mothers. Stress with gestational week is not significantly associated

Association of coping strategies with selected demographic variables - Demographic variables parity, occupation, monthly family income, type of family and gestational week previous abortion, religion, husbands education, husbands occupation, decision making in the family were found to have significant association with coping strategies of antenatal mothers. Coping strategies with gestational week is not significantly associated

Association of wellbeing of antenatal mothers with selected demographic variables - Wellbeing of antenatal mothers with occupation and decision making in the family significantly associated as the p value is more than 0.05

Based on the study findings the following recommendations are proposed for future research. A comparative study can be done between urban and rural pregnancy mother. A similar study can be done on larger samples. A comparative study can be done using different educational material like information booklet, leaflets. An experimental study may be conducted using different aspect of garbha sanskar a similar study may be conducted to find out the knowledge related garbha sanskar

CHAPTER I

BACKGROUND OF THE STUDY

Study of nursing with sociology concentrates on developing capabilities better able nurses to provide decision in nursing. It will assist the nurse to utilize sociology as tools and sociology theory in nursing research and practice. Knowledge of sociology usually begins by having an attempt to comprehend the social interactions between nurses, patient and health care practitioners. Nurses have good understanding of sociology in nursing and a powerful position to understand the needs of their patients and how to provide individual and customize patient's needs. A nurse supplies care at different categories and among several groups of age. Life initiates with the network and a cell fleshes attaching cord with their mother's placenta. It holds together these two souls therefore bringing up the unborn is mostly responsibility of mother. Giving the fetal environment enhancing with cultural, social, moral and spiritual ethics is beneficial. Nurses are at the lead in promoting and preventing modalities of healthcare. Social categories when learned purposefully bring about modifications in human beings.

Nursing practice and nursing history stand on feminist theory. Nursing has their own principles in 19th century that associates ideas concerning the behavior for women and gender relations. In 1868, when the Nightingale graduate present in Australia, nursing as an profession has tendency to attract dependent and passive women from average and lower class conditions admitted their job lower in status and dependent to male control. Ethnographic studies have employed multiple examples discussions, disagreement, destructions, and open conflict interactions between doctor and nurse. The authority of social system to form and regulate work of the nurses, identification and manner. Just recently in feminist theory and within sociology focuses on understanding a subject matter for social life and politics.

Novel nursing is theoretical origin on biomedical type in the direction of a holistic method that provides the patient's dynamic participation in their personal care. For nursing current development in sociology remarkably deal with organization and practice in relation with the establishment of social system connection of thoughts

and opinion from post structuralism into feminist theory and association of gender theories into inspections of occupational status such as professionalization have made the potential and logic for theoretical concern building through the two systems. Sociological and feminist understandings of nursing have highlighted the majority power of social system at the cost of an account of nursing agency this has guided to a unbiased relationship between sociology and nursing. (Deidre W. 2005)

Pregnancy is one of the magnificent gifts of God, enforced naturally to woman kind only. It is a stage of massive Physio-pathological and psychological acceptance in a life of women. Although it is generally a time of enjoyment and hope, many women undergo some level of anxiety, distress and fear considering their personal health and that of their infant, as well as the upcoming delivery. Pregnancy is a natural physiological method and not a disorder but it is connected with defined risks to health and survival both for women and infant she carries. These chances are usual in every culture and every situation. But in developed countries these chances have been mainly overwhelmed, as every pregnant woman has access to unique care during pregnancy and delivery where as such is not the case in many developing countries where each pregnancy characterizes a journey into an unfamiliar, from which all too many women never arrival alive. Girl child is born as neglected and worthless child. Raised as treat unfairly and illiterate. We must need to be employed and educated people (Singh H.2002)

Minor to moderate stress enable positive adjustment. In accordance to old saying to be alive is to be under stress. Life will be simple actually if one's psychological demand is automatically satisfied. But there are barriers both external and internal which disruption with fulfillment such obstructions on an individual. Stress is common human practice. During 7th century, the conception of stress was related to poverty, straits and adversity. In 19th century it indicates intensity, force, pressure or powerful effort that act upon a person. In 20th century stress is psychological, physiological and sociological views rise in the level of hormones might damage the health of both mother and new born.

Throughout pregnancy one of usual exercise is Garbha Sanskar. Children's are desire of family, society and Country. Garbha Sanskar taught throughout pregnancy will assist the baby born with noble health, intellectual, suitable cultural background

would certify blissful future. This will assist mother to develop peace and goodwill to mind in all situations. Nowadays gynecologists are encouraging to practice meditation and yoga. Mothers are conveyed to maintain them self busy and active and free from undesirable and negative thoughts. Educationist foster pregnant women to read a lot of useful and value-building books, as well as listen to music that has joyful and relaxing melodies listening to fairy stories and nursery poems this will aid mother to enjoy.

In Indian tradition through the battle of Kurushetra, Arjunas son take up the challenge of ingoing the Chakravyuha which was unsafe strategy placed by enemy, this was heard by his mother who was pregnant. She heard only how to enter the structure she never heard the method of getting out of it therefore, Arjuna's son was destroyed on the battlefield. This has proven that child learns and memories what is heard in the uterus. (Bajaj K.2015)

NEED FOR THE STUDY

Parenting in India is value based, which is based on Sanskar and Values. Sanskar means impression. During pregnancy these are fed into fetal mind. Impression in mind are inculcated because of teaching and experience, thus the impression and value are helps in molding a fetus into good human being, Worry about physical, psychological, social, financial and occupational and relationship issues can often add to the stress levels which increases the possibility of pregnancy complication. Most of the women may not have any problems during pregnancy, but some are not so lucky, they may face various problems related to childbirth and pregnancy.

Complications of pregnancy and childbirth are cause of death during pregnancy. A woman experiences some kind of complication, they are unpreventable. During reproductive age women may have disability. These disabilities are awful and happen while giving birth to the child, which alter health and productivity of women. These disabilities are accompanied with child death, poor health of child, and developmental effect, this impact family and welfare of family. (Ashford L.2002)

The Sanskrit term Garbha implies fetus in the womb. Sanskar means training the mind. Garbha sanskar means instructing mind of fetus. Garbha sanskar has

systematic evidence, which has showed in development of baby. Sixty percent of the children brain growth happens in the intrauterine period. Investigators have confirmed unborn baby has capability to listen and respond outside stimulus. Hormonal secretion activated by thought can imitate fetus. Attachment with the baby does not have to wait till birth. Bonding with fetus begins from the becoming pregnant. Investigators have demonstrated that in the womb, the infant feel and listens his mother. Scientifically it is shown that fetus inside womb reacts to external stimuli and has capability to listen. Throughout Garbha Sanskar communication is crucial. In communication various techniques are applied throughout pregnancy those are visualizing noble things, optimistic thinking, meditation, positive feedback, this communication is utilized to form fetus in a positive way. In Garbha Sanskar method it trained to correct associated problem in positive way to get positive consequence.

The aim of Garbha Sanskar is to make healthy human being, intellectually, healthy, good looking, well cultured, peace loving without disabilities. Investigators have recognized its significance and importance in developing healthy baby. Child in womb acquire impression from behavior of mother, the food, surrounding environment, the activities, positive or negative thinking, and any things mother practices throughout pregnancy effect the child in the womb and begin learning in womb. The health of parents is exactly accountable for the health of newborn. Physical health, psychological health and spiritual health have an effect the child in the womb. (Tanushree 2008). Investigator throughout her clinical database has come through numerous pregnant women with disturb, anxious, worried about infant they are having faith of healthy infant. During pregnancy well being of pregnant women is disturb which gives them stress. Many of time they do not get family support. If she delivers daughter many time husband and other family members do not come to see mother and baby. These grants a lot of stress and disturb family life. Therefore investigator felt to study on pregnant women's stress level, coping strategies and well being. Assist them to overcome with their issues during pregnancy with the help of breathing technique, meditation and relaxation throughout pregnancy.

SOCIOLOGY AS SCIENCE

Sociology is scientific study of society. It is study of association concerning human, society, state, economy and biology. Sociology is the study of human social

life, societies and groups and its topic is our own performance as social person. (Giddens A.2012) it is regular manner of dealing with thoughts, observations, reporting of accurate data. This is organized, examined by logical core across which generalization can be complete. Meaning of science is a science is report of body facts or truths scientifically organized. Systematic knowledge is based on details and evidences.

Sociology is not merely a science with its specific subject material but it's the mother of all social sciences. Sociology does make use of scientific approaches in the study of its subject material and therefore permitted to be named a science. Sociology layouts cause effective relationship in social society. It is attempt to find a solution to how as well as why of social procedures and relationship. Science is defined in a classical way as a mass of knowledge regarding a certain subject learned by organized observation. Sociology is a science that tries that explanatory understanding of social action in sequence thereby to reach at a casual validity conveyed by the word science. It studies its subject materials systematically. Its attempts to categorize forms and methods of social relations. Its attempt to regulate relationship between different portions or factors of social life. Thus sociology is logical and experimental science. The worth of sociology placed in the facts that it holds us up to date on current conditions. Its grant in making good resident. Social capability is one of the most vital demands of the current society.

In India the significance of the study of sociology is still superior. The society of India is going through a quick transformation. The intensity of the bond of marriage is declining. Rising urbanization carries on its way of the problems such as slums, homicide, epidemics, crime, juvenile delinquency, group conflict, and pollution. Biology is the science of man's biological progress. It states that how man's body and mind developed. How his system responds to the external world and what portion his physical structure play in the general builds up of his entire being. Sociology is the study of individual interaction and inter-relation. Genetics is significance in sociology and a vital part of biology.

Social power is a universal characteristic of social interaction. It plays a crucial portion in shaping relations between the members of group. Social interactions imply differences in the relevant power of the members to affect one another. Thus

power differences go into defining the relation between child and mother. Social power is the ability or capability of carrying out one's will in spite of resistance. It is relationship between owner of authority and followers of authority. It is taking part in the decision making. Change is the rule of natural world. What it today shall be different from what it would be tomorrow. Social changes are various kinds can be described by different ways such as development, progress, evolution, revolution, accommodation and adaption.(Sachadeva D 2005)

REALTIONSHIP OF SOCIOLOGY WITH NURSING

Definition of Nurse- The nurse is a person who has accomplished a program of primary generalized nursing education and is approved by suitable authority to practice nursing.

Definition of Nursing- nursing is an essential part of health care organization. Includes the promotion of health, prevention of illness and care of physically ill, mentally ill and immobilize people of all ages in all health care and society setting.

The special function of nurses in caring for person, sick or well is to rate their responses to their level of health and to aid them in the functioning of those activities lead to recovery or health. Nursing is an occupation within the health care zone emphasizes on the care of person and societies so they might achieve, sustain or recover ideal quality of life and health. Florence Nightingale placed the foundation of nursing professional. The authority for the practice of nursing is built upon a social bond that determines professional right and accountability. The goal of nursing society is to guarantee quality care for everyone.

Midwife is a career in midwifery delivering care to women throughout pregnancy, delivery and post-delivery period. The midwifery is well-known as an accountable and responsible occupation to give required care and advices throughout pregnancy, labour and postpartum phase. These cares contain preventive procedures and promotion of natural birth procedure finding of complications in mother and child. Nurse midwife has important task in educating and counseling, the work include antenatal education and training for parenthood. Nurse midwife care contains observing the physical, psychological and social wellbeing of the mother. Providing mother with personalized care, education, advising and parental care.

The connection between sociology and nursing connect a couple of importance perspective, which assists the nurses. Sociology in nursing focuses on the sociological elements that expand in nursing practice. Nurses who have good understanding of sociology in nursing theory are often in a greater position to know the needs of patient and know how to well accommodate individual demands from the social aspect. Nurse who has a very good knowledge with the sociology of nursing are more successful in dealing with factors that influence staff ethics. Application of sociology morals and discoveries within the field of nursing is most evident link between the two topics.

Nursing plays critical roles in healthcare professionals. Nurses have to work in emphasizing on healthful quality of life and high standard of living. Nurses co-operate with several agencies of social institution such as family, religion, state, political group, governmental agencies will play significant role upon social life. Nurses offer complete healthcare in inclusive manner and provide total care to fit entire demands of the patient either in hospital or society. Nurses aware of human performance in relation to the society. They recognize problem of the patient. Nurses deliver right motivation, treatment, physical, medical, vocational rehabilitation. Nurses recognize emotional reaction pattern of the patient and obtain better inside into human problems correlated to illness. Good, communication, observation supervision skills are fundamental to be aware of patient's behavior.

The knowledge of the sociology assists the nurse to distinguish, and investigate different social condition. To know cultural characteristics and changes based on patient's background, values ad beliefs. Social science is included in the curriculum of nursing. To identify the sociological elements as intervening variables in the pattern of disease. Nurse will expand discipline sensitivity that provides the meaning of understatingand compassion in order to investigate stress in social relationship. (Neeraja K. 2005)

Gender and Health

Women's accountability in most societies for health promoting behavior, nutrition and hygiene of their family. Women's effort to take care of themselves and their children. In medical books, in which female reproductive cycle is explained in

terms of failure, loss and waste. While male reproductive function is described strongly in positive terms.

Initiative of safe maternity in 1987, World Health Organization (WHO) and United Nations population fund (UNFPA) have changed the international community that 50,00,000 women dying each year of pregnancy related to causes such as Hemorrhage, infection, hypertensive disorder, obstructed labor, and risky abortion. The national survey in United States verified that between the ages of 17 and 44 years and apart from reproductive condition, women uses 30% more healthcare than men.

In gender health is the role that power has a stimulus access to resources, mainly for females. Some of the causes of male excess mortality and female protection are based on biologically when compared with females. Males in most populace have higher mortality at any age and shorter life expectancies. Men are apt to work at occupations that contain more physical risk and to practice activities that also include risk. Learning to accept the gender of masculine role is in itself a cause of psychological stress. Male physical violence and risk taking provides ample support for a male generic vulnerability to risky behavior. Failure to give women medical care similar to what men get and to afford them with food and social services result in fewer women survive. (Michel F. 2003)

Although poverty plays a role, in cultures where adult males and male children are preferred in terms of education, food, health care and social support. Women and girls have higher death rates during childhood and during gestational years. Female take treatment with home remedies only, males receive treatment by a biomedical or traditional practitioner or private physician and an adult woman who takes such therapy were mostly mothers of son. Domestic violence is main source of women's disability and death globally. Domestic violence considers 40% of female homicides in United States 16% of pregnant women reported being beaten during pregnancy by male spouse. In some areas family violence takes traditionally patterned forms. In India for instance 'Bride burning' or 'dowry death' are considerable concern. In India an outcome for marriage is that the bride's family provides her with furnishings, electronic equipment, jewels and cash. Integrity in killing females whose character has been weakened by pre-marital or extra marital relationships, even if these are only said to have happened or by a illegal pregnancy, may be murdered by males or her

family father, brothers, cousins, or parental uncles to get back the family pride. Sexual abuse and rape is another kind of gender related health risk that is mostly committed to females as with domestic violence the stated numbers are a serious under approximate due to the stigma still adhere of being a victim of sexual assault. Gender effects health status, social roles, culturally patterned behavior and approach to health care and nutrition, the biological aspects of risk are so intertwined with social, cultural, political and economic life experiences that to split these factors completely.

It is clear that well known gender stratification and males favoring negatively affect health and well-being of females in various cultures. On family level In many countries uneven distribution of food stuff and incomes that seriously affects the health of girls and women. Gender concerns must be evaluated in the perspective of resource distribution, resource justice and ethnic and cultural discrimination. (Michel F.2003)

Sex emerges within hegemonic language as an element as speaking metaphysically, a self identical being. Gender can represent a unity of experience, of sex, gender need and desire. Only when sex can be understood in some sense to involve gender where gender is a mental and cultural identification of the self and desire where desire is to heterosexual and therefore distinguish itself via an oppositional relation to that other gender is desires. The internal adhesion or union of gender, man or woman, in that way needs a steady and oppositional heterosexuality. Feminine sexual preference that is totally distinguished from phallic sexuality the representation of female sexuality as basically distinct from a phallic organization of sexuality stays problematic. Women who fail either to know the sexuality as their own or understand their sexuality as partly constructed within the terms of the phallic economy are potentially written off within the terms of that theory as male recognized or ignorant.

Freud bisexuality is the coincidence of two heterosexual desires in a one psyche. The male disposition is in influence never leaning toward the father as an object of sexual love and neither is the feminine disposition leaning towards the mother. In rejecting the mother as an object of sexual love, the girls of necessity rejects her masculinity and paradoxically fixes her femininity as a consequence, therefore within Freud's dissertation of primary bisexuality there is no homosexuality

and only opposites sex attract. Women cannot use the first person “I” because as a woman, the speaker is specific (relative, interested, perspectives and the invocation of the “I” assumes the capacity to speak for and as the universal human) Domination happens via a language that in its plastic social action builds a second order artificial auto logy, an illusion of difference consequently and disparity. Hierarchy comes to be social reality. Her aim is not to demand attention to presence of rights of women as individuals, but respond to the globalizing heterosexist episteme by a reverse discourse of equivalent in power genders can be neither real nor false neither actual nor obvious neither original nor gained. (Michel F.2003)

Feminist theory is one of the main sociological theories that examine status of women and men in society. It’s greatest concerned with giving a power of speech to women and stressing the different ways women have imparted to society. This theory describes the social dissimilarity between men and women. Feminist theories primarily began as early as 1794 in publications such as Vindication of the rights of woman by Mary Wollstonecraft. Feminist theory is the expansion of feminism into philosophical discourse. It aims to understand the nature of gender discrimination. It inspects women’s theoretical or social positions, experience, interests, chores and feminist politics in a variety of fields, such as sociology and anthropology, communication and psychoanalysis, economics home, education, literature.

Feminist theory emphasis on investigating gender discrimination. Subjects explored in feminism contain discrimination, objectification especially sexual objectification, oppression, patriarchy, stereotyping, art, aesthetics, and history and contemporary art. (Judith B. 2002).

Feminist theory of Design

As stated by the feminist theory, gender could be a factor in how human beings present in reality. Men and women will form various kinds of structures about the self, and thus their thought processes may vary in form and content. This variation influenced by the self-concept, which is an essential regulator of feeling, thoughts, and actions that directs one’s awareness of reality. With that being revealed, the self-concept has an important influence on how men and women present in reality in various methods. Recently, technological communicators’ terms such as visual

rhetoric, document design, visual language, and showed new information on the importance of visual design (Butler J.2002)

This current conception of the feminist theory of design by organizing a study on a group of undergraduate females and males who were requested to show a visual, on paper, provided to them in a text. This study establishes a feminist theory to design and relates it to technological communicators. In the outcomes of the study, males used more angular diagrams, such as squares, rectangles and arrows, which are explained, as a direction is moving towards or away from thus indicating more violent positions than curved shapes, presenting masculinity. Females, on the other hand, used more curved visuals, such as circles, curved boxes and turning pipes. Feminist theory offers intelligence into the association between females and rounded or circle objects. Investigations, of women and leadership show preference for nonhierarchical work designs preferring a communication network rather than a communication ladder. Circles and other rounded figures that women selected to draw, are nonhierarchical and often used to present comprehensive, common association, approving her results that women's visual designs to have an influence on their ways of communications. (Bossley D.1992).

Come to conclusion of this “feminist theory of design” can go on to reveal that gender does have a part in how humans present reality. Gender- differences perspective observes how women's setting in and experience of social setting vary from men's Cultural- different value related with womankind and femininely as a result why men and women experience the social domain differently. Numerous roles allocated to the women and men with initiation of well describe gender difference including sexual separation of labor in the household. Women are seen as substances and reject the chance for the self-awareness. Feminist –belief in the social, economic and political equal right of the sexes to permit women globally.

Aim of Feminist theory is - Feminist describes the significance of women. Feminist discloses that traditionally women have been dependent to men. Feminist wants to bring gender equivalence.

Types of feminism- Liberal feminism- all people are made equal and should not be disclaim. Equivalence of opportunity because of gender. Gender gives equivalence to both the gender.

Maxist Feminism – separation of labor is associated to expectancy of gender role. Each gender plays differently.

Radical Feminism – male control and privilege is the foundation of social relation. Sexism is the vital tool used by men to keep women burdened. Men are higher than women.

Social feminism – socialist consider the feminism should be created in the private environment home not just the public environment (work) equivalent for women only in the public environment.

Postmodern feminism- examining to the past is no longer the method to go we are a worldwide economic world stressed by technology. (Judith B. 2002)

Women as the main important topic of feminism. Feminism theory has assumed that there is some existing personality, understood via the category of women, who not only begins feminist interests and aims within discourse but also establishes the topic for which political representation practiced. The actual topic of women is no longer understood in steady or permanent terms. There is considerable deal of material that not only questions the feasibility of the topic as the vital candidate for representation or indeed women's liberation. Juridical Systems of power create the topics they consequently originate to represent juridical ideas of power seem to control political life in entirely negative terms, that is via the limitation, prohibition, regulation and protection control. Juridical formation of politics and language that characterized women as the topic of feminism. Juridical power certainly creates what it rights merely to represent therefore politics must be involved with this dual purpose of power. (Butler J.2002)

It is not sufficient to inquire into how women may develop more fully represented in politics and language. There might not be a topic that remains before the law pending representation in or by the law. Aside from the functionalism fictions that support the populaces of the topic however there is the political crisis that feminism faces in the statement that the term women symbolizes common personality. Gender interconnects with class, racial, ethnic, regional and sexual modalities of logically created identities. As a result of this it becomes difficult to divide "gender" from the political and cultural connections in which it is always created and

maintained. The political hypothesis that there must be found in a personality assumed to be cross culturally often accompanies the notion that the patriarchy or masculine power if a steady nation of gender no longer shows to be the foundational. Assumption of feminist politics, may be a new kind of feminist politics is now necessary to challenge the reifications of gender and identity if the foundation of feminist politics, if the creation of topic not to be the foundation of feminist politics. If the formation of the topic take place in a field of power frequently suppressed though the claim of that foundation. Perhaps unexpectedly representation will be appeared to make sense for feminism only when topic of women is nowhere taken for granted.

Difference between sex and gender originally meant to battle the biology is destiny making, the difference between sex and gender serves the dispute that whatever biological intractability sex seems to have gender is culturally created therefore gender is neither the casual result of sex not as apparently fixed as sex. Gender is cultural values and sex is body adopts when the constructed status of gender is theorized as totally independent of sex, gender itself becomes a free floating artifice with the result that man and masculine might just as easily indicate a female body as a male one and woman and feminine a male body as easily as female are gender differences along widespread axes of sexual difference. How and where does the construction of gender take place? What was previously gender with the consequence that the distribution between gender and sex proves to be no difference at all.

One is not born a woman but rather becomes one far Beauvoir gender is made but all the time under a cultural force to turn into one. Force does not originate from sex. There is nothing her account that assurance that the one who turns out to be a woman is essentially female. The body is figured as an ordinary instrument or extraordinary for which a set of cultural construction, Social scientist concerns to gender as a factor or an aspect of an analysis mark of cultural difference and biological linguistic. A humanist feminist position may recognize gender as an quality of a person who is illustrated effectively as pretended substance or primary called the person, Woman signify the sex that cannot be thought a linguistic absence and opacity the female sex forms the unmanageable and disorderly. Feminist arguments over essentialism increase the question of the University of female character and masculinity harassments in other methods. Universalistic claims are based on a

common or shared epistemological standpoint, understood as the articulated consciousness or shared. Structures of oppression or in the ostensibly transcultural. Structures of femininity, maternity, sexuality and feminine, Gender is complexity whose totality is permanently deferred never fully what is any is given juncture in time. (Butler J.2002)

Michel Foucault was a French philosopher, social theorist, historian of thoughts, philologist and literary critic. His theory adopted the association between knowledge and power and how they are use up as a kind of social control through social institutes. Foucault have a strong believe in human freedom and his idea was fundamentally positive one as he believed that something optimistic should always he done no matter how miserable the condition. New Idea that the made were just sick and mentally ill, and in need of medical therapy was not at all a clean improvement on earlier conceptions about idea he says that we need to be clear about what it meant for an idea to represent an object. Foucault's idea on sexuality is that the current bodies of knowledge about sexuality consisting psychoanalysis have a suggesting relationship with the power forming a modern society.

The birth of the clinic disease is noticed basically in a space of projection without depth, of coincidence without improvement. There is only one moment and one plane. The form in which fact is in the beginning shown is the surface in which recovery is both manifested and eliminated. The body of human is made up of fluids and blood vessels when blood vessels and fibers have neither too much not too minor tone, when the fluids have just the appropriate consistency, when they have neither very much nor too slight movement, man is in a status of health. The primary task of the doctor is political effort disease must initiate with a war against had government. Man will be completely and absolutely treated only if he is firstly liberated. In Nineteenth Centuries, medicine dawn of mankind, it is relationship between sickness and that which alleviated it. (Michel F.2003)

Micheal focult's the birth of bio-politics

Biopoliitics is an intersectional subject between biology and politics. Micheal focult's indicating social and politics power throughout life. Focult's view of biopolitics is mostly drawn from his own notion of biopower and the extension of status power over the political and physical bodies of a population. The perception of

biopolitics has turned out to be important in social and humanistic science. Foucault explained, "Biopolitics as a brand-new technology of power" that occurs at a various level, on a various degree and that has a various bearing area and brings about usage of very different tools. More than disciplinary mechanism, Foucault's biopolitics performs as a control system used all over a population. These examples contain ratios of births to deaths, the rate of reproduction and the fertility of a population. He compared this system of social control with political power in the middle ages.

Biopower is related to the practice of modern nation-states and their guidelines of their subjects regarding an explosion of various and diverse techniques for accomplishing the subjugations of bodies and control of populations. Foucault and the concept of biopower—Biopower can be recognized as the one and only prerogative of the progressive nation-state to "make live and let die" which is discrete from the medieval system of rule by the sword. This sort of attitude of the state about the life of its social subjects. It is the method of interpretation of novel creation of power. For Foucault, biopower is knowledge of power for handling people as a huge group, this is the unique quality. Political technology is that it permits for the control of total populations. It is a vital characteristic and key to the working of and creates possible the appearance of the modern nation-state and capitalism. Biopower is accurately having power over bodies. It is "an explosion of several and different techniques of realizing the subjugations. Number of facts that seem to me to be quite meaningful namely the set of procedures through which the prime characteristics of the human species turn out to be the target of a political strategy of a general strategy of power. Important of biological truth that human beings are species that is biopower.

It relies on the governmental concerns of promoting the life of the populace an anatomy politics of the human body a global mass that is influenced by overall features specific to life such as birth, death, production, illness, and so on. It creates a universal disciplinary society and regulatory control across biopolitics of population. He indicated the ultimate difference between biopolitical state disciplines.

Discipline is the knowledge used to make human act to be well-organized and productive employees, biopolitics is used to control population for example to ensure a healthy employees. Type of power and social control throughout the body was adapting mode. After the appearance of the metaphor body politic this targeted entire

society with the rule. In this circumstance leader as a head of society monarch with the bulk of the peasant population. Metaphor was classified into medieval law for the blame of high treason and if got guilty the sentence of hanged drawn and sectioned was carried out. This was significantly changed with the initiation of political power. Second type of spasm of power was detected and invented. Though this type of power was stochastic and massifying not individualizing as in respect to the king massifying ways changing into a population with a more additional impetus of governing mechanism in the mode of a scientific machinery and device. This scientific mechanism which is known by the state governs a smaller amount of the populations and focuses more on managing external strategy such as money, education, policy making decisions, technology, medical administration, social welfare, criminal and legal legislation, production and industrial output, industrial legislation allowing the population to direct themselves. This power is no longer managed at man as a body, but at man as species, Foucault's claims that nation state, police, government, legal practices, human sciences and medical institutions have their rationale, cause and effects, approaches, knowledge method and codes and have managed magnificently in the past to cover their working by hiding after scrutiny and observation. Social organizations such as government, laws, religion, politics and social administration, monetary institutions, military institutions cannot have the same rigorous practices and technique with demands to self governing knowledge like those of human sciences for instance mathematics, chemistry, physics, genetics and biological sciences. Foucault saw these differences in techniques as nothing more than behavior control. Modern and technology biopower are nothing more than a sequence of networks and webs working on its mode throughout the body of social.

Political rationality that provides the incorrect appearance and impress of joint unity giving the mechanism not only legitimacy but an air of invulnerability from its core basic aim resources, truth, freedom and human being naturalness continues and is prolonged further with the initiation of political society with the new founded employ population and their political union (Michel F. 2003)

Foucault made a distinction between two types of power one in which authorities control is exerted directly over others and second is proliferates outside the realm of institutional politics built from and bodily representation biopower is conceptualized by Foucault as having two poles that of anatomy and politics focused

on the manipulation of individual bodies and at other pole manipulation and control of population. Biomedicine can provide in pursuit of her own goals or the protection of her independence, argued by Feminist that a female subjectivity cannot exist, largely because forms of patriarchy, tacit knowledge and power relation are universal. (Foucault M. 1979)

Medicalization is defined as the process by which some aspect of human life to be considered as a medical problem. Foucault stressed the role of the doctor in deciding what was normal and what was pathological. Health as a state of overall physical, mental and social wellbeing and not just the absence of infirmity or disease (WHO) a common thought of health is in three aspects, psyche and society are entirely engaged in medicalization process. Medicalization is studied from a sociological perspective in terms of role and power of professions and implication for ordinary people whose self identity and life decision may depend on prevailing concepts of health and illness. Sociologist explains how medical knowledge is applied.

Medicalization is a form of social control in which medical authority expanded into domains of everyday existence. Medicalizations traditionally functions as agent of social control. Medicalizations process of paramedicalization where human conditions come under the attention of attention of alternative medicine, traditional medicine or nonmedical health approaches. Garbhasanskar is the one of the nonmedical tradition approach since long period. (Conrod P 2007)

PROBLEM STATEMENT:

A study to assess the effect of selected aspects of Garbhasanskar on stress, coping strategies and wellbeing of antenatal mothers of Pune City.

OBJECTIVES OF THE STUDY:

1. To assess the level of stress before and after administration of selected aspects of Garbhasanskar on antenatal mothers.
2. To identify the coping strategies before and after administration of selected aspects of Garbhasanskar on antenatal mothers.
3. To assess the level of wellbeing before and after administration of selected aspects of Garbhasanskar on antenatal mothers.

4. To correlate the effect of Garbhasanskar with selected physiological parameters.
5. To associate the findings with selected demographic variables.

HYPOTHESIS:

H₀1- There is no significant difference between the selected aspects of Garbhasanskar on stress level of antenatal mothers.

H₀2- There is no significant difference between the selected aspects of Garbhasanskar on coping strategies of antenatal mothers.

H₀3- There is no significant difference between the selected aspects of Garbhasanskar on wellbeing of antenatal mothers.

OPERATIONAL DEFINITIONS:

ASSESS: In this study assess means to evaluate the effect of Garbhasanskar on antenatal mothers.

EFFECT: In this study effect means to check the result of Garbhasanskar on stress, coping strategies and wellbeing of antenatal mother.

GARBHASANSKAR: In this study Garbhasanskar means administering techniques of breathing, meditation and relaxation technique.

STRESS: In this study stress is a feeling or reaction of a woman with pregnancy has faced that demands action from her as measured by stress manifestation scale.

COPING: To contends with difficulties and act to overcome during pregnancy.

STRATEGIES: Strategies are the plan of action designed to achieve by pregnant women.

COPING STRATEGIES: Coping strategies are those adopted by pregnant women to reduce stress as measured by coping scale.

WELLBEING: Wellbeing of antenatal mothers in the form of mental and physical health of antenatal mother.

VARIABLES:

In this study the independent variable is selected aspect of Garbhasanskar on the antenatal mothers.

The dependent variables in this study are stress, coping strategies and wellbeing of antenatal mothers.

SCOPE OF THE STUDY:

This study will guide nurses to identify the stressful areas of antenatal mothers and help to cope up with changes during pregnancy. It will help nurses to know about how Garbhasanskar help the antenatal mother to maintain wellbeing of mother and fetus. It will serve as a guide in knowing what nursing intervention can be included while caring for antenatal mother. (Wayne G.2014)

CONCEPTUAL FRAMEWORK:

Reserved education during pregnancy has been reported to improve the nurse-patient interaction interrelated to guidance and reinforcement of coping techniques. Therefore the nurse-patient interaction is the center of this study to understand more about how the nurse-patient transaction affects goal attainment of patient fulfillment with coping techniques during pregnancy. King's Theory of Goal Attainment is the framework that guided this study. The focus of nursing in this study is human behavior in the form of the nurse-patient transaction during pregnancy. (King I.2006)

THEORITICAL FRAMEWORK:

King's theory of Goal Attainment is a systems model derived from a conceptual frame work of three dynamic interacting systems: the personal system the interpersonal system, and social system. According to king. The personal system represents each person as a interacting with two or more individuals in a variety of interpersonal systems within social systems. These three types of systems stand for organized wholes in constant interaction in one's environment.

PERSONAL SYSTEM

The personal system contains of the individual as a unified being or self, who observes, thinks, desires, imagines, decides, and recognizes goals to be attained.

Assumptions related to the personal system. Teaching Garbha Sanskar during pregnancy may bring the interest to the social nature of individual mother. King states the personal system in Garbha Sanskar classes in this mothers are told to perform meticulous aspects of garbha sanskar and practice each day at home. Antenatal mother have the possibility to share usual experiences, fears, hopes and aims. This sharing permits persons to develop social network. Classes planned for a number of serial weeks allow members to make relationships. (Melvina C. 2012)

THE INTERPERSONAL SYSTEM

The interpersonal system of king's theory consists of groups or individuals countering with one another. A defined concept associated with this system is included. In this study investigator come across with the client between 13-16 weeks of gestation and interact with each other.

INTERACTION: A process of perception and communication. Verbal and Nonverbal communication that are goal directed

TRANSACTION: Is goal directed human behavior. Transaction is the process of interaction in which human being communicate to achieve the goal. Investigator clarifies the mother the importance of garbha sanskar and its influence on mother's wellbeing and on the fetus. Several work sampling investigations pregnancy nurses expand the bulk of their supportive patient care on training care and knowledge giving. This is demonstrated in a declaration that the nurse can teach and educate the patient on possible expectations. For the nurse provides medical and technical information through communication and interaction while the patient supplies personal, emotional and subjective information. This shows each brings different views, judgments and actions to this interpersonal transaction as explain with the diagram of the nurse-patient transaction. The following suggestions of conceptual relationships of the interpersonal system were recognized. Investigator and mother's view, judgment and action lead to goal directed transaction. (King I. 2006)

If role anticipation and role presentation is perceived by researcher and mother than transaction will occur. If role difference is experienced by researcher and mother makes transaction goals will attained. If researcher with special knowledge and skill communicate proper information to the mother common goal setting and

goal achievement will occur. If goals are attained efficient nursing care will occur. According to these statements effective nursing care and a satisfying coping will occur when the nurse and client together attain previously set goals. To reach mutual goal setting the nurse and patient need to have a common frame of reference such as facts, expectancies and preferences. By encouraging patients to identify their beliefs and expectations during communication between the nurse and patient can be enhanced ultimately reducing the patient's stress and enhancing her satisfaction. With the gestational time of approximately 40 weeks mother have the ability to gain preparatory knowledge and understanding with which to develop and judgments. They have the time and opportunity to gain the understanding to participate in their healthcare decisions and decide to accept or reject the care offered, which is a right described. Author believed that individual has right to contribute in decision-making that affects their lives and health. During Education a patient can achieve greater decision-making ability to manage their own health decisions. Patients who have participated in Garbha Sanskar class an understanding of the process of stress and how to manage stress. (King I 2006)

SOCIAL SYSTEM

The social system in king's system theory consists of groups that make up society. Examples of social systems are religious systems educational systems and healthcare systems. The pressure an extended family has on an individual as example of a social system. Social needs gained from structured and unstructured formal education such as antenatal education are valuable for social support and confidence. (King I. 2006)

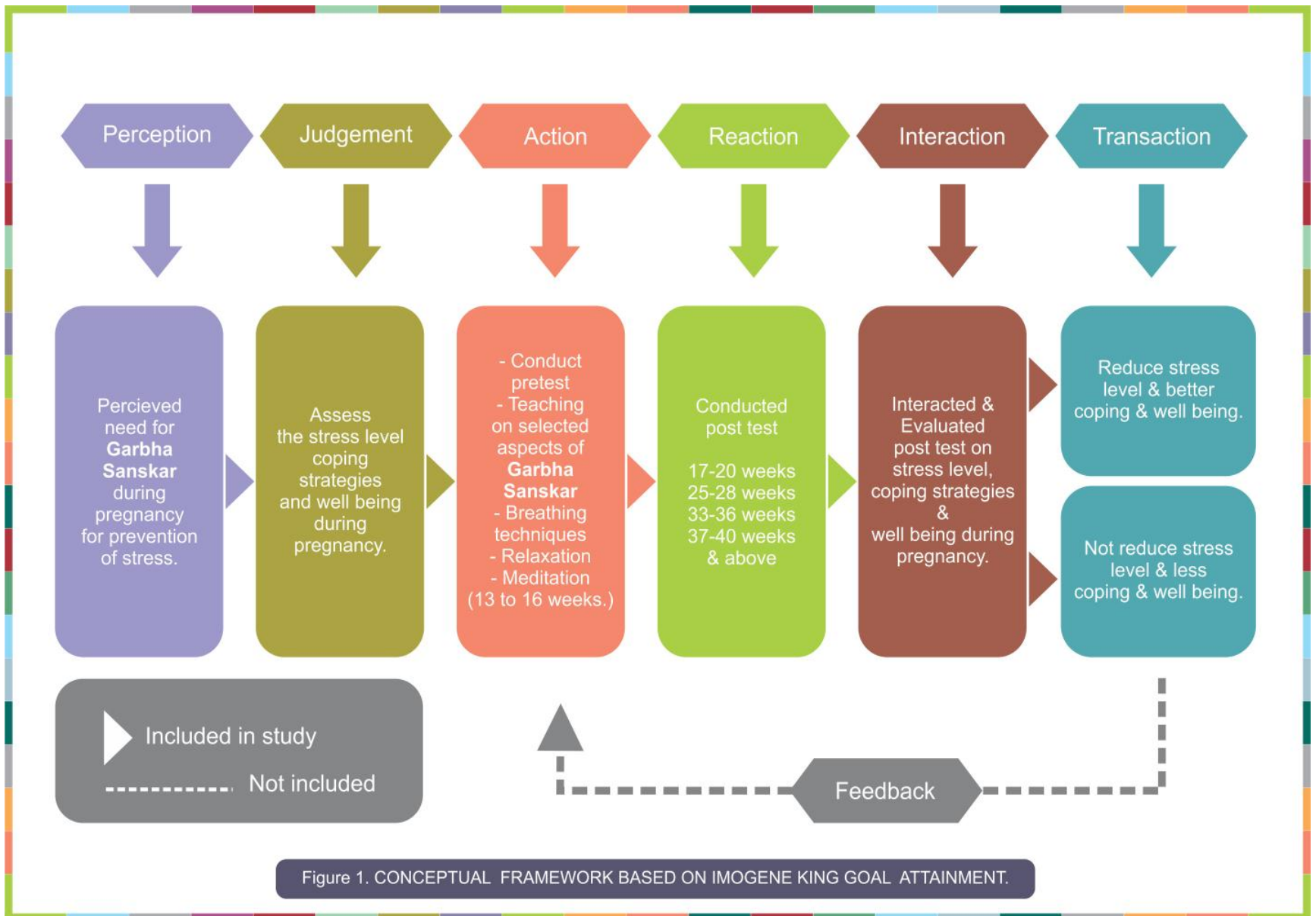
Personal system influences excellence of care. In interpersonal system two people who are usually stranger come together in the health care to preserve state of health. Therefore this study focuses on the nurse-patient transaction model within the interpersonal system of king's theory.

COMMUNICATION

Communication is a process by which researcher communicate face to face on selected aspect of Garbha Sanskar. Intrapersonal and intrapersonal exchanges take

place. Stress a dynamic state in which a human interact it is the exchange of information between human and environment for regulation and control of stressors.

Perception of the researcher and mother influence the interaction process. Mother has right to participate in decision making. She has right to accept or reject care. The model patient transaction (figure No.1) is at the core of interpersonal system. This diagram depicts the nurse and patient individually perceptions, judgments and actions and together experiencing reactions to each other interactions with each other and eventual transactions that can either help attain a preset goal or hinder reaching that goal. The transactions in turn influence each individually again time through feedback and the cycle repeats. (King I. 2006)



SUMMARY

This chapter deals with background, need for the study, and sociology as science, relationship of sociology with nursing, Gender and Health, Feminist theory of design, Micheal Foucault's the birth of bio-politics, problem statement, objectives of study, hypothesis, operational definition of term, variables, scope of study and conceptual framework.

It is important to reduce the stress of pregnant women in the form of practicing Garbha Sanskar. Objectives of this study are to reduce stress by coping with stress and maintaining wellbeing. In this chapter explained about relationship of sociology with nursing. Feminist theory analyses status of men and women in society.

CHAPTER II

Review of literature

This chapter contends with the examination of published and unpublished investigate studies and non-literature associated to the present study. A review of linked literature is a necessary and important step for the systematic research project. It helps the investigator to develop a deeper insight into the problem and gain modulation on what has been done before in the area and help to clarify and explain about the implication of the original studies.

A review of literature makes adequate preparation on basis for the exploration. It rationalizes the need for the reproducing some things and throws light on the practicability of the study and point out limitation of data collection, and helps to connect the findings from one study to another. A review of literature helps the researcher in numerous was. It helps to evaluate what is already identified, what is still unidentified and inexperienced rationalize the need for the duplication its duplication. Various project illuminate on the practicability of the study and the problems that may be experience. It also helps to discover capable practical tools which lean to brightness on the ways to progress the effectiveness of the data collection and acquired helpful fact provided on how to enhance research. It expands the perceptive of the researcher and helps to grow and approaching necessary for the improvement of extensive conceptual context into which the difficulty fits.

Review literatures includes a methodical recognitions, position, inspection and outline of the written materials that including formation on a research problem. An attempt has been made by the researcher to follow these steps in the review of associated research and non-research literature to extend the sympathetic and to achieve an approaching into the selected problem under study. An essential role of review literature predominantly for student occupy in their research project is to recommend ways of going about the dealing study on a topic of interest. (Polit D. 2008)

Literature were reviewed and prearranged under the following headings:

1. Literature related to garbhasanskar on antenatal mothers
2. Literature related to stress of antenatal mothers.
3. Literature related to coping strategies of antenatal mothers
4. Literature related to wellbeing of antenatal mothers

LITERATURE RELATED TO GARBHA SANSKAR ON ANTENATAL MOTHER

The Sanskrit term Garbha refer fetus in the womb and Sanskar refer educating the mind. So Garbha sanskar basically refer develop the brain of the fetus. Traditionally ethnicity, it is assumed that value-based parenting start when the child is conceived relatively after the child is born that is why elders in the family speak about the significance of positive thoughts and feeling during pregnancy.

Garbha sanskar has developed more and accepted due to scientific a fact that proves it significance and importance in the growth of a child. Research has confirmed that more than 60 percent of the baby's brain growth occurs in the intrauterine stage. Further more studies have revealed that an unborn baby has the capability to pay attention and reply to outside stimulus. Doctors and experts accept as true that hormonal secretions generated can appreciably influence baby. While it may sound extraordinary and incredible bonding with baby does not have to stay until birth. Research indicates that even in the womb the baby recognize, understand hears listens and feels, perceived his mothers loving attachment. Communicating with baby is an important part of Garbha sanskar. Special techniques such as optimistic thinking, visualizing, music, relaxation, tender massage of the belly are used to create this communication and it is used to form baby. Easy meaning of sanskar is "Sanskaro hi gunaanttaradhanam" means to substitute bad traits by superior ones. Basically we can condition as creation changes. We can recognize the thought by simple example when we put in little amount of curd in milk, milk loses its character (Prakruti) and is changed to curd which is an abnormal form (Vikruti) but additional when we mix together this curd it additional changes properties to form butter and buttermilk which are still unsteady. After heating the butter we get a final steady derivative i.e. ghee, which has good character enhancing with moment from this we can point up that substitution of feature depends on the kind of Sanskar restoration. Garbha means the

internal part here the fetus which is growing in mother's womb. Jointly Garbha+Sanskar mean reforming, polishing and ultimate, molding and cultivating the unborn. Garbha sanskar can be defined as developing a educated, civilized, cultured, pretty, purified, impressible, responsive but still physically, spiritually, psychologically, religiously steady people.

The narrative of Abhimanyu is acceptably acknowledged in the Mahabharata., Arjun father of Abhimanyu educated how to go into the Chakravyuha the purposeful plan prepared by soldier to trap and beat the opponent when we was in his mother's womb. Abhimanyu had listen and memorized the narration of how to enter into chakravyuha by Krishna to Subhadra in the course of pregnancy in his way it has proven that fetus can listen and recall in the womb. When Prahlad's mother was pregnant she used to listen to devotional songs as a result, even though Prahlad took birth in a Rakshasa people he became a follower of Lord Vishnu. Vinayak Damodar Sawarkar great Indian Freedom fighter's mother used to read the brave stories from the Ramayana and Mahabharata so this shows that sanskar during pregnancy affect newborn.

Ayurveda illustrate the theory of "Suprajajanan" or eu-maternity. This "Suprajajanan" refers as conceive in Ayurveda, include the training of the couple for preparation of pregnancy, three months before to conception. Pregnancy should not be by chance, it should be by choice. The Commencement is by pindashuddhi or the cleansing of the gametes (sperm and ovum). If the couple is not in a condition of mental steadiness and peace even if they are actually fit they cannot give birth to a healthy child. This mental peace and steadiness Sathwaguna of mind is directly associated to one's food habits and numerous other factors. Refusing from spicy and addictive substances is recommended. It is now generally prove that the fetus is not just a mindless accumulation of flesh, but a highly receptive and embryonic human being capable of receiving, perceive, assimilate and replay to external stimuli. It therefore understands that the fetus has a right to experience positive and inspirational response of garbha sanskar. Ayurveda recommend a meticulous daily practice of Garbha Sanskar for the pregnant women. Beside the recommendation for diet, and regular body care.

Garbha Sanskar is a method of achieve Physical, psychological, religious, expressive, and societal development and accomplishment for the mother and baby. It is a total pregnancy care instruction to get a religious holy and blessed child. It is these nine months crucial stage when utmost efforts are to be taken for improvement of the progeny's. Today science has shown the evidence that the unborn cannot only pay attention, experience but reply by its own way. Garbha Sanskar is the way of particular efforts taken to encourage baby's senses tenderly for the utmost development of its physical and intellectual capacity. (Tagi P.2014)

Development of parent-fetus bonding

For Garbha Sanskar many techniques are used like meditation, autosuggestion, relaxation, yoga, exercise, breathing technique. This will facilitate to create bonding and communication with the baby in the womb. Opinion and feelings of the parents affect the baby. Even before the thought is spoken, it remains in a contained form in the mind. At that time its person's idea of thinking is the express and its energy is at the highest level. Intentional, deliberated, directed, aimed, selfless, unspoken thoughts guide to maximum sansakar on the fetus.

The physical condition of the parents is directly accountable for the health of a child, not only the physical health, but also their emotional and spiritual, religious health affects the child in the womb. The surrounding environment, the food, the activities, in fact the whole thing the mother is exposed to during the pregnancy directly affects the child. The resonance of the veena, flute sound and mantras gives health to the pregnant woman and the child within. It is achievable to give power for the growth of the body, mind and soul of the child in the womb by listening to particular music.

It is also has evidence that fetus also react to the music from seven month, fetus can bear the sounds from mother's womb and from the surroundings of mother and also responds to them noise of mother's heartbeats is the first and nearest sound heard by the fetus and therefore when possible to give energy for the growth of body, mind and soul of the child in the womb by listening to special music. Today when couples are limiting themselves to one or two children every close relative dreams

about a healthy and intelligent, bright child and likes to see their pregnancy successful in upcoming. What child is going to be in future depends on what it goes during in those nine months. The parents must be ready emotionally, mentally and physically to receive the unborn child. Parents spend lot of money, time and energy after the child is born for development and growth. But it is that nine months crucial period when maximum efforts are to be taken for improvement of expected child.

Today science has evidence that intrauterine baby can listen, touch, feel but also can respond by its own way 60% of brain growth occurs in intrauterine period. Garbha sanskar are special efforts taken to motivate baby's feeling gently so that cortical growth is maximum. Changes in diet, exercises during pregnancy as a part of Garbha Sanskar. All this is directed towards keeping expectant mother happy and making pregnancy a joyful, enjoyable, pleasurable experience. In Garbha Sanskar communication with the baby is an important part. It is proved that baby is very close up to father's tone, voice, stories, shlokas and songs if told by father make specific impact. Garbha Sanskar is an art by itself it is a beautiful, easy, simple and inexpensive, economical way to improve intellectual religious and emotional, touching quotient of an unborn child.

A child's development begins from the time it is conceived. All things are learnt by child during pregnancy. Mother's food, exercise, thoughts, emotions, joy suffering everything has an impact on the fetus therefore mother during pregnancy must devote her time in spiritual and religious practice. Mother should get enough rest and sleep, exercise well, think positively during pregnancy. Mother's sadness, pain can affect growth and development of fetus, in the womb fetus is experiencing and registering every experience the mother is going through.

Whatever is reveal in Indian tradition and Garbha sanskar is prove by researches and different studies gynaecologists are communicate information that pregnant mother to keep herself busy and mind energetic; dynamic and free from negative thought special importance is given to practice Yoga and meditation, relaxation to become calm and peace, harmony to the mind in any circumstances.

Educationist motivate pregnant women to read educative and value building books, listen to happy, joyful, cheerful and soothing music, fairy tales and nursery rhymes to refresh their memories. Parenting in India is value and principle based the

most significant education for child is sanskar means impression, feeling, opinion training and understanding make perception, judgments, and mental picture in the mind, shaping fetus into good human being. Believe good, observe food and talk good during pregnancy. These educations are given by family members and elders form family. Dr Ulka Natu Gynecologist and Obstetrician from Nest Hospital explain, “Garbha Sanskar is a preparation of the fetus exactly from the time is in uterus. Garbha Sanskar accepts as truth. That anything you think generate the release of hormones in body which have an impact on baby. Garbha Sanskar is a type of guidance that helps you to deal with emotions during pregnancy and perhaps has a positive effect on baby.

Garbha Sanskar uses techniques like positive thoughts and visualization of mental picture to send positive feelings and power to the baby. Dr. Ashwini Bhalerao, gynaecologist and Obstetrician from PD Hinduja Hospital state it is true that mother’s health does shape the baby. Also, babies are vulnerable to stress and any sort of stress can cause to pregnancy problems like preterm labor, intra- uterine pregnancy and spontaneous abortion.

Yoga practice related to antenatal education

Yoga training used throughout pregnancy helps mother as well as fetus. During pregnancy Seven weeks of Yoga practice as a stress minimizing intervention reported as reduced apparent worry, nervousness, anxiety, pain and stress. Stress lessening method and Iyenger yoga techniques taught to sixteen healthy nulliparous pregnant women between 12 and 32 weeks of pregnant women were included, The Iyengar yoga methods which is a form of postural yoga that uses props to attain poses with cautious anatomic position were joint with Kabat-Zinn’s mindfulness- based stress managing, reduction and relaxation program. Mindfulness is purposive procedure of education how to give concentration from minute to minute to individual’s current occurrence while observation and educating to let go of validate and reactivity. Participants were trained mindfulness relaxation, meditation skills to assist them find out the association between discover the physiological and emotional effects of stress and how to use these techniques for daily living and child birth.

One-group study design was used for this study self investigated events of perceived anxiety, worry, nervousness and stress and bodily suffering associated to

pain and cortisol levels were examined for baseline and post-treatment psychoanalysis is done. Psychological suffering is marked as there was a significant decrease in perceived stress ($p=.05$) moderate levels of perceived stress were (14.8 +/- 80). Stressors were measured with the PPP stressor subscale. Triat anxiety (36.3+/- 13.6) decreased significantly post-intervention ($P=0.3$) due to lower scores for women in their third trimester.

The study conclude with evidence that for women who start the yoga intervention in the second trimester reported less pain and than women start the yoga intervention in the third trimester analysis indicated that women in the second-trimester has considerably lower pain scores after the intervention (Mann-Whitney U = -2,4, $P=0,4$). For third trimester women intensity of pain and power remained higher after the intervention compared to second-trimester women (Mann-Whitney U = 2.5, $P=01$)

The study establishes that there are no major differences in the levels of cortical by trimester. These levels were steady at baseline $t= 3.06$, $P<0.01$ but were steady post intervention. Post intervention the member's satisfaction was measured. Most of the members 94%, $n=15$ were reported being satisfied with the intervention and they would advise to others. 81% of the members and as a direct result of the class, 63%, $n=10$ reported feeling more positive and confident, optimistic having greater awareness of life stressors and how to properly handle this stress and knowing how to improve care for themselves (Beddoe A., Paul Y2009)

Aspects of garbha sanskar

Yoga, an ancient Indian science, aims to bring about functional harmony between body and mind through three main practices; asanas, pranayama and meditation. Pranayama means manage Prana. All forms of energy in the universe is refers as Prana in Indian philosophy, an individual is symbolized by breathing as his living life. Breath is a lively bridge between the mind and body. When the life strength is disrupted it results in physical, mental, spiritual and emotional imbalance. The Fundamental nature of the pranayama performing is deep and slow breathing which is economical as it reduces breathing space ventilation.

By International Journal of Collaborative Research on Internal Medicine & Public Health explains that Pranayama helps us to find out the great inner self, prana that present both within and around us. It is prana that gives us energy , power, force and living. By learning to manage your breath can achieve have power over your emotions and other psychological states. How we breathe also affects the heart, nervous system and brain, with a direct association between the breath and anxiety, nervousness or health.

Through the practice of pranayama the pregnant woman can be trained to use inhalation and breathing techniques to promote relax the muscles of the perineum during labor in order to help them stretch and open perineum muscles. Relaxation, Medication and imagination techniques practiced by the pregnant women they learns how to be peaceful, quite, calm and focus her mind in order to take away fear, understanding about realization, perception of positive thought and produces inside balance.

By reducing fear, worry, nervousness and tension, and by special importance is given on positive aspects of childbirth, all the muscles of the body are helped to relax, thus strengthening the birthing process. In addition, these breathing techniques and different position used during yoga improved blood circulation and oxygenation to all parts of the body, muscle and tissues as well as to the pelvic floor.

Alternate nostril breathing is called as Nadishodhan Pranayama which has impact on brain hemisphericity by alternately stimulating the right-brain and them the left-brain. Each side of the body is control by nervous originating in the reverse side of the brain, and so inspiring airflow in one nostril increases nervous action in the brain on the reverse side to that nostril. Because both side of the brain has specific purpose in different activities and series of action. The automatic nervous system is also similarly stimulated and relaxed, de-stress with this pranayama. Raising the flow of air in the right nostril stimulates the system which help to dilates the pupils, generate more perspiring palms, increases the heart rate, and allowing more air pass through lungs. The fight and flight reaction. Raising the flow of air through the left nostril on the other hand stimulates the para sympathetic nervous system and relaxes the body, less intense and concentrates and improves digestion. Regular practicing Nadishodhan pranayama, which help in balancing sympathetic nervous system and

para sympathetic nervous system in relation to each other as well as harmonizing brain activity. Hence Nadishodhan has been shown to be helpful against stress. Nadishodhan Pranayana increases parasympathetic activity slow and deep breathing itself has a calming effect on the mind and helps an individual to de-stress (Stancak, 1994)

Relaxation – Relaxation is scientific method of relaxing mentally and physically. Body can be relaxed by practicing Shavasan for 20-20 minutes. During relaxation pay attention to the instruction and tag along the instruction remain wide awake during relaxation. It is further more called Yog-Nidra. During Yog-Nidra need to do sankalpa relaxing mind and body, Sankalpa is autosuggestion which means the process by which perception, behaviour or physical condition may be altered by means of power of suggestion autosuggestion encouraging, optimistic, positive and specific. They are easy to learn by heart and recite example myself is in good health, better-off and more relaxed, stress free and calm. Myself and my baby are experiencing tremendous pleasure and happiness, contended 53 patients among asthma underwent education for two weeks in an incorporated set of yoga training, including breathing exercises, pranayama, meditation, suryanamaskar, Yogasana, and a spiritual session, 65 minutes daily practice these exercise were told to them. They were then compared with a control group of 53 patients with asthma matched for age, sex and type and severity of asthma who persistent to take their common drugs. There was a appreciably greater improvement in the group who practiced yoga in the weekly number of attacks of asthma, scores for drug treatment, and peak flow rate. This study shows the efficiency of yoga in the long term administration of bronchial asthma.

Study was conducted in Human Physiology Laboratory, Department of Physiology, Sikkim Manipal Institute of Medical Sciences, Gangtok. 50 Volunteers were work on this study. Their normal body mass index was 21.59 ± 2.83 . There were two group A and Group B Studies parameters included cardiopulmonary functional mental efficiency, heart rate, systolic and diastolic blood pressure. Trainer demonstrated the mode of Nadishodhana pranayama only 10 participants met the study criterion. Another 20 subjects matched for sex, age and body mass. These were randomly allotted to control group A and B. Each subject was studied independently. In the study group, a recording was done before and immediately (within 5 minutes) after performing Nadishodhan pranayama. In control group B the recording was done

before performing quiet breathing in any comfortable sitting posture and immediately after (within 5 minutes) 20 minutes quiet breathing with closed eyes. In control group A the recording was done before starting to relax in a couch and immediately after (within 5 minutes) 20 minutes resting period. Peak expiratory flow rate was measured using a pocket peak expiratory flow meter. The subject was asked to take a deep breath and then to blow hard into the mouthpiece of the flow meter with a sharp blast. Four recordings were taken at one-minute intervals and the average of the three highest readings was noted down. Heart rate was calculated by counting rate taken and their average was recorded. Both systolic and diastolic blood pressures were measured. Three readings were taken and their average was recorded mental efficiency which means simple problem solving ability. Anticipated study was done to evaluate the effects of pranayama and meditation on respiratory parameters. Current studies show that on long-term yogic practices have shown improvements in respiratory parameters. Prospective study consisting of 50 healthy subjects of 20-60 years age, yoga teacher taught daily one hour yoga program for 15 days pre and post yoga respiratory functions were assessed by measuring peak expiratory flow rate, chest expansion, breath holding time as compared to pre yoga practice. The response was similar in both gender and both groups of BMI < 25 kg/m² and > 25 kg/m². This study showed beneficial effects of short term that is 15 days regular pranayama and meditation practice on respiratory condition was assessed clinically. Results were presented as Mean ± SD. Student test has been applied to find the significance of study parameters on continuous scale between two groups Male versus Female and student test has been used to find the consequence of study parameters on constant scale within each group. P value less than 0.05 was considered as significant. A controlled trial was conducted on 119 participants in a 10-day Yoga camp, with a follow up after 3 months. This trial was conducted with Swami Vivekanand Yoga Research Foundation, Bangalore; Sanjay Gandhi Medical Institute, Lucknow and Sahara India Medical Institutes Lucknow. Participants were assigned into two groups by experimenter, Yoga and non-Yoga, control. The variables studied hormones e.g. cortisol, endorphins, Prolactin body mass index, polygraph recordings of the heart rate, breath rate resistance and blood flow, as well as performance in tasks for attention, concentration and muscle fatigue were measured it has shown those practicing yoga these parameters have improved better.

LITERATURE RELATED TO STRESS

Simple meaning of stress is pressure or tension. Stress is our body's way of responding to the demands caused by good or bad experiences. Which disturb person physically and mentally. Stress is not bad always. Some stress is a necessary that helps increasing our awareness and alertness and compel us into action. When there is stress our body responds by secreting hormones that stimulate our nervous system and prepare us to react. If the stimulates is mild small amount of hormone is release and our body react in healthy way. If stress is more our body react negatively which is term as distress. Stress causes anger fear and anxiety. Long term stress causes high blood pressure, heart diseases, sleep disturbances, ulcers. A human being's condition of equilibrium, in order to be depends upon capacity to adapt to living pressure and manage effectively with crisis management as they occur. On the other side sickness occurs to connected with instability.

Stress and Pregnancy

Research done recently show that stress during pregnancy causes pregnancy complication and infertility. An undertaking task for one person finds extremely stressful and pleasant to another person. A human being who does effectively well with pressure experience stress free and enthusiasm, and perhaps does not come across wellbeing risks from pressure. While another, who is coping badly may feel exhausted, weak, nervous and more expected to experience the physical condition risks of more stress. Detailed investigation and analysis of a subject or situation show that more levels of stress may create particular a situation involving exposure to danger during pregnancy. During Pregnancy a unlike anything else of situation that can indicate enjoyment and happiness in some, but irresistible apprehension and stress in others discomfort can reduce some of the bodily discomforts. Assistance and health care providers can also provide help in dealing with the anxiety and stresses of Pregnancy.

Study also show that increased stress levels may create particular harm during pregnancy. Several recent studies shows that female who had prematurely delivery or less birth-weight baby, had more stress due to job failure, family loss, separation,

during their pregnancy. Studies are demanding to explain precisely how stress leads to these outcomes.

It may be that female who are experiencing more amount of stress have substandard wellbeing may even likely to use cigarette, alcohol and drugs. Another current study is that the stress hormone control can get across the placental obstacle when a pregnant woman is beneath a more amount of stress and nutritional protein is less, High cortisol amount can result fetal intelligence growth specially memory. (Behrman R 2007)

Pregnancy is a moment of sensitive stress for husband s and wives undergoing the change to fatherhood and motherhood for the first time. A study done on 178 married couples sample to find out how wives and husbands use of constructive and helpful spiritual coping achievement of measures anticipated pregnancy emotional and marital context associated alternation. Different analysis for wives and husbands is done with arrange in order linear regression. Discovered that constructive religious coping achieved positive result such as improved stress connected development and religious emotion, while unhelpful spiritual coping forecast negative outcomes such as more sadness, nervousness and having mix feeling in marriage for both wives and husbands.

A study done on Pregnancy stressors decreases the connection between optimistic spiritual coping and love marriage for any other outcomes for either husbands or wives. Four years obstetricians have done study to check whether an added in stressful incident can either cause spontaneous abortion, still birth, premature labor, or its harm a fetus. It has shown that extreme physical effort can carry on premature labor.

Mental stress did not seem to have adverse effects on pregnancy consequences. This means the particular fact is that stress can cause the physically to create definite hormones that can possibly give rise to spontaneous abortion, still birth and premature labor. Mentally result of stress can vary from a mild intelligence of being overcome to rigorous episodes of hopelessness, sadness. They can be ultimately lead to pregnant women reaction is reserved introverted and being unable to do the job, not capable of doing anything powerless.

Cohort study done to find out mothers stress throughout pregnancy. From 1700 Children data collected researchers have found that children whose mothers were stress during pregnancy are at high risk of developing behavioural pattern and psychological problems. The findings were drawn from child behavioural pattern. Readings are taken at 2 years and 5 years of age. Result found that low income during pregnancy, maternal smoking, and multiple baby blues after birth and stress were connected with not as well as response to particular condition and easily affected by emotion. At final result in under school children the research emphasis the significance of timely action family unit contribution and maternal and paternal education, mainly for mothers who have lesser levels of education, who are within society isolated or else underprivileged.

Research on the possible advantage which could be attained throughout efficient community wellbeing action to achieve goal. Women who are knowledgeable a few of these hazardous factors during pregnancy should not experience additional worried or afraid about these result. While factors contributing such as stress possibility that put children at excessive risk, it does not indicate that they will build up harms and there are numerous favourable conditions during a child's early years to support to maintain health improvement. (Monique R. 2008)

Stress and brain growth

In scientific study of nervous system research group is looking at possible alternative that has effect of stress located at the time of birth and other emotional and surrounding factors on newborn, child and adolescent health, with a special interest on how these influence the growth of stress able to adjusted in different condition knowledge acquired through reasoning or perception and psychological response.

Researchers are collecting facts and data about specific subject from both the Raine Study and the Peel Child Health Study on stressful living incidence, family role or activity and psychological wellbeing position as well as development system during and after birth, and hereditary collecting facts and information, Study was carry out for usefulness knowledge of particular subject teenagers gaining knowledge and skill coping plan of action during pregnancy and childbirth.

Between March 2005 to April 2006 a qualitative interview study was carried out among 24 pregnant teenagers are 24 weeks of gestation interviewed at clinics. Interviews were conducted are one week and 24 weeks after delivery follow up was done. Sequences of events in order in which they happened have told by teenagers' knowledge and skill gained and perceived emotional status. Concerning their pregnancy before expected motherhood were collected. Sequences of events in the order in which they happen that analysis were done. In view of or to put some things back together and their factual narratives were collected. Stories were interested in a few better-off and more rational stories dealing with Problems (DWP), avoidance and shame (AS) and violence and grief (VG). The first story fits into the 'problem-focused coping' as describe by Folkman and Luzarus and the two last ones into the 'emotion-focused coping '. Results suggested that those make something evidence problem-focused coping were mostly the married adolescents.

A nurse midwife takes most important part in carry out good parental proper health outcomes and make available for providing women health with a enjoyable incident of pregnancy and childbirth. However, nurse midwife does put fact forward that this position has been taking a long time to come as profession by medical concern. Nurse midwife have neither the time nor the chance to expand the type of encouraging and uninterrupted affiliation within which women experience to talk about their pregnancy and any troubles or feeling of worry they may be best possible through research.

Robinson (1980:175) consent that, nurse midwife should do something repeatedly in order to improve performance which should be based on research and should be continuously examine and judge rather than being control b other health professionals. By making use of something or find a practical or effective use of something, recent researches are conducted. Researches of their personal, midwives can decide what a woman wants or requirements with the objective is of given that more comprehensive care with individual care in particular way. It is in this manner that midwives will make possible the re-establishment of women's wisdom of self-respect, achievement and independence. (Hunter Valley Midwives Association(HVMA) 1994).

An evaluation of studies reflects the association of stress and social support to premature labor of fetal developmental disabilities. Psychological mental suffering. Not in direct course or path stressors or mental suffering through health response such as smoking and protect against the result of community contribution. Although an significant encouragement for current stress research has been the attempt to explain cultural and community class differences in birth outcome, the recent data show that traumatic life events during pregnancy though more common in underprivileged groups do not increase the risk of premature labor (Hoffman S. Hatch MC 1996).

In contrast closely connected community encouragement from a partner or family member support available will be better fetal development, even for women with slight existence stress. Confusing respond by the research to date are whether prominent levels of depressive symptoms affect pregnancy outcomes, either directly or by encouraging negative health behaviours, and whether chronic vs. acute stressors are harmful.

Researchers in the most recent study, led by Professor Vivette Glover at Imperial College London and the specialist obstetrician Pampa Sarkar, from Wexham Park Hospital Berkshire, calculated amount of the stress hormone cortisol in 267 pregnant women, Cortisol, which is pumped into the blood when person become nervous, is good in the small period, as it assist the body to cope with a stressful circumstances, but long-standing stress can cause fatigue, sadness and make an individual more susceptible to sickness.

Mother's blood sampled and amniotic fluid from surrounding of the fetus in the womb taken at 17 weeks of gestational age or greater elevated cortisol amount in the mother's blood were shows in higher amount in the amniotic fluid, Amniotic fluid is mostly formed by the fetus and is a good quality providing specific information of its disclosure to a variety of substances as well as hormones. Dr. Sarkar said more researches are required to find out how elevated amount of stress in a mother have an effect on the unborn baby.

Researcher present that the fetus is exposed to cortisol in the maternal blood, and at 17 weeks and above, the cortisol in amniotic fluid had a powerful positive association with cortisol in maternal blood and it support that the power of this association became stronger with increasing gestational age. (Lucy W. 2007)

A considerable quantity of research over the years has been carry out in an attempt to establish the effects of stress during pregnancy. The specific hypothesis of those who consider that stress can harmfully have an effect on pregnancy. Since studies have shown that continuously elevated amount of cortisol in adults have been associated to harmful health effects such as high blood pressure and cardiac disease, the exposure of the fetus to elevated levels of cortisol must also have a harmful effect. There are definitely studies that have shown more stress during pregnancy is related to ADHD, learning troubles and even schizophrenia afterward in life. One study even related more stress in the six months before conception led to preterm birth. Not all studies have confirmed harmful effects. In fact, an American study from 2006 found that reasonable levels of stress were highly developed mental capacity in children by the age of two. There is positively a challenging hypothesis here correlated to the truth that cortisol is related to serious to health and well-being.

Its liberate in the brain is associated to fight or flight reaction which prevent us from hazardous threat in the surroundings. Cortisol is useful to attention on particular which prevent us from hazardous threat in the surroundings. Cortisol is useful to attention on particular things our ability or power to work or make an effort thereby most important to commitment and possibly superior competency, Psychologists have known that there are best possible levels of “superior” stress that can raise effective working, while too little or too much stress has the contradictory result. (Dr. Giuseppe S. 2009) The

Findings, published in the journal *Clinical Endocrinology*, after separate research on animals exhibit that elevated levels of stress in a mother during pregnancy could influence brain function and performance in her children, and other trial signifying that maternal stress in humans can influence the developing child, including lowering its IQ.

Collected facts and data about specific subject to stress and the degree of stress experienced a sample of 120 pregnant adolescents was given three measures of stress the Pregnant. Adolescents/adolescent mother stress Measure, sources of stress inventory and State Trait Anxiety Inventory (STAI).A majority of the samples tells about experiencing the maximum amount of stress also reported a more degree of irritation and aggravation as well as difficulty understanding language. Particular

coping strategies for dealing with stress were employed uncommonly and were extent of somebody's ability to see something. When coping strategies were maladaptive 43.3% of the pregnant adolescent's source of great stress was the unborn child's father (Diane A 1992)

Major stress factors is Financial-related worries (66%) South African mothers consider themselves to be stressed on some level (74%) economy being a key stressor for more mothers 68% of mothers' healthcare costs being another key stressor. Other key stressor includes not having enough money to pay the bills, but also fear and worry about the health and well-being of a parent. Furthermore, stress seems to be most intense among first time pregnant mothers, compared to mothers with at least one child. Thinking ahead to the future, mothers worry about influences of the outside world on their children's well-being. These are different stressors during pregnancy.

In South Africa the increasing alertness of drug trafficking leads to mothers feeling of anxiety the impact of drugs on their children's levels is 78%. Also social media leads to worry for more mothers (63%) than concern over clean water, access to good education, depression or obesity. The study shows that one-third of mothers feel poor sleep, with worry and stress being a key driver of lack of sleep. (Phillips Mother and Childcare report 2011)

Wang-34 Scale for measuring pregnancy stress among pregnant women in Beijing, China Descriptive, correlation and cross-sectional design was used for the research. Exploratory factor analysis (EFA) was done on 685 pregnant women who had low income and with high-risk pregnancies were interviewed in the second and third trimester of their pregnancy. Among the women who reported their pregnancy as intended in the first interview 22% of the changed to unintended in the second interview, and 12% of the women who had said their pregnancy was unintended, switched their answer to intended afterward. (pooleetal., 2000)

Among multifarious women, family support played a more important role. The response of women expecting a second time or more than second time or more than second time had more mixed behavior due to the women's experience during their prior pregnancies and due to their particular conditions than due to whether families and partners provided support.

Qualitative studies done on to find difficulties to analyzing and understanding feeling and the satisfactions of relations concerning to pregnant women and their family members. Giving opportunity for the exploration of the relationship between family support and experience toward the pregnancy, the health-promoting response, and possible health result.

A study had done on measuring stress during pregnancy, 13% experience major sadness, hopelessness, and 14% have a new occurrence of depression during pregnancy. Some researchers found that the occurrence of depression was 7% in the first trimester 13% in the second trimester and 12% in the third trimester. Studies have also indicated that high stress and mood disturbances during pregnancy are related to a variety of negative maternal and birth outcomes. High stress during pregnancy has been associated with low birth weight and may increase pregnant women's smoking and alcohol consumption during pregnancy; these behaviors in turn have adverse effects on birth outcomes. No specific stress scale, however is currently available for measuring stress in pregnant women among different cultural groups. Furthermore, pregnant women frequently do not receive screening, prevention or treatment for mood and stress concerns. Accurate measurement of pregnancy stress is important to help women prioritize and prevent stress during pregnancy.

At Chen the pregnancy stress rating scale (PSRS) was prepared and examined among pregnant women in Taiwan, using most important axis factor examination, found a three-factor construction and factor ranging from 0.33 to 0.87 for Chen scale. Chen's 28 stress point were distributed into three factors with factor 1 which included stress from seeking safe passage for herself and her child during pregnancy, labor and delivery which has 11 items. In factor 2 stress from recognizing maternal responsibility which contained 12 point and factor 3 stress from changing body framework and body role which contained 5 point. Affonso's pregnancy stress elements noticed among women in the US consist of physical difficulties, weight gain and body alteration, emotional insecurity, job and career, money, and changes in living pattern.

Chen's instrument examined on pregnant women in Taiwan, and the instrument does not include socioeconomic elements that may change the stress experienced by pregnant women. Combined Chen's 28 points and Affonso's 6

elements associated to pregnancy stress to structure the Wang-34 scale. 95% was associated between the three bi-lingual researchers about the cross-cultural equivalence of Chinese and English phrasing on the two different accounts of the scale. Because the scale joins two instruments it has treated the scale as a new instrument. The extremely susceptible stress model was used as conceptual framework for this study. The cause of emotional illness in women especially sadness, hopelessness, has clearly verified that there is an extremely susceptible stress arrived at the concept on threat factors during pregnancy.

Studies point out that stress may trigger the onset of major depression in extremely susceptible pregnant women. Two areas of susceptibility have been recognized the risk connected with surrounding factors such as not having support and poor socioeconomic situation and psychological susceptibility such as low confidence and helplessness, as elements related to pregnancy stress.

A total of 685 pregnant samples were enrolling to answer a two pages questionnaire. Out of 4 (3.5%) did not complete the questionnaire, 661 participants completed questionnaire, 98.7% were married. And the rest were not married, remarried or divorced. About 5.3% (n=35) were between twenty six and thirty years of age, and about 86.6% (n=572) were twenty five or below age. About 16.3% (n=108) had a middle school education, 27.2% (n=567) said they were currently employed, and 2.9% (n=19) were unemployed.

The Wang-34 scale can be useful for measuring stress pregnancy among Chinese women. Studies are required, to observe the usability of the instrument for determining amount of pregnancy stress in different cultural groups. To identify factors related with high antenatal emotional stress and explain the how to cope up emotional stress during pregnancy.

A cross sectional examination of data from a continuing record shows study participants were 1522 women getting prenatal care at university obstetrical clinic from January 2004 through March 2008. Numerous related factors identified factors related with high stress calculated by the prenatal psychological profile stress scale. 78% shows low to moderate stress and 6% high antenatal psychological stress. Depression, panic disorder, drug use, domestic violence, and medical morbidities were significantly associated with high psychological stress.

For women who screened twice during pregnancy, mean stress scores diminish during pregnancy [14.8+/-3.9 versus 14.2+/-3.8;(p<0.0001)]. Antenatal psychological stress is common, and high levels are associated with maternal factors known to contribute to poor pregnancy outcomes. (Janet F.2011)

Research regarding the factors related with high psychological stress pregnancy has probable to provide object for interventions leading to an increase in maternal well-being and a possible decrease in unpleasant birth outcomes. The most important aims of this study were to recognize factors connected with high antenatal psychosocial stress and explain the course of psychosocial stress during pregnancy.

A longitudinal study of antenatal care at a single university obstetrical clinic. The clinic provide a group of women with multiplicity in a race, socio-economic status, and medical risk, with a payer mix of 46.5% private insurance,51.6% Medicaid and 1.9% self-pay. Clinical providers include attending physicians, members of scientific society, residents and midwives. As part of a psychosocial screening program, questionnaires measuring stress and mood were introduced in January 2004. Questionnaires were designed to be disseminated by clinical staff as part of regular clinical care to all women at least once during pregnancy with the goal of 2 times, first during the early 2nd trimester and again in the 3rd trimester. Exclusion included age less than 15 years at the time of delivery and inability to complete the clinical questionnaire due to mental deprivation or language difficulties. Clinical staff was asked to speak to and permission possible eligible subjects to participate. All procedures were permitted by the University of Washington's Institutional Review Board. Data were collected from self report questionnaires and from automated medical records. The questionnaire included demographic characteristic, social history, medication use, general health history, past obstetrical complications, as well as validated measures assessing psychosocial stress, depression and panic disorder, tobacco use, automated medical record. (Richard E.2007)

Psychosocial stress was measured using the Prenatal Psychosocial Profile stress scale, which has been validated for use in pregnant populations, using a Liker response scale was used it has 11 question survey with scores ranging between 11 and 44. The scale's validity and reliability have been supported among culturally different rural and urban pregnant women. In these studies mean stress scores ranged from 17

to 23. The recommended cut-off for high stress depends upon the population studied and the patient characteristics. No suggestion for differentiating low to moderate stress. Several current studies have used tool to measure psychosocial stress.

In the two studies that have recognized divided for high stress, one used scores above the mean and standard deviation score >26 while another chose a set percentile of 25% (score $>/23$). Both of these studies mainly have low participants. Maternal demographic, behavioural and clinical characteristics by psychosocial stress category. Univariate analysis was performed for the sample individuality by stress level high stress versus other 2 test for categorical variables and T-test for continuous variables, significance at $p < 0.05$. Significant variables from the univariate analysis and variables established into a multiple logistic regression model to determine association with high psychosocial stress.

Variables were added to the model one by one and were excluded from the final model for women who fulfilled screening at two time points, their mean stress scores were compared using a paired T-test 2046 women completed at least one psychosocial screen as part of their routine antenatal care during study period. All women completing a screen were eligible for the study around 80% ($n=1,639$) women whom staff were able to contact for participation in the study 92.9 % ($n=1,522$) consent for participation while 7.1 % ($n=117$) refused to participate.

Among the 1522 study participants age range between 15-51 years and mean age was 30.4 ± 6.3 years, ethnically was nine percent Hispanic. Racial identification was 2.2% American Indian or Alaska Native, 1.2% Pacific Islander, 5.5% mixed race, 66.9% white, 10.9% Asian, 7.6% Black, and 5.7% undeclared, education beyond high school were (79.2% $n=1,118$). Twelve percent ($n=169$) reported that they were unemployed. The majority of women reported living with a spouse or partner (87.3%, $n=1,234$). All other maternal demographic, behavioural and clinical characteristics are reported the index pregnancy was the first pregnancy for 53.7% ($n=818$). Six percent ($n=91$) of women reported high stress 78% ($n=1,190$) reported low/moderate stress, and 16% ($n=241$) reported no stress.

Studies shows that 43% ($n=658$) of the enrolled women completed screening at two time points during pregnancy the mean gestational age at first screening was 23 ± 7.3 weeks and mean stress score was 15 ± 4.0 in second set mean gestational age at first

screening was 22.1+/- 6.0 weeks with mean stress score of 14.8 +/- 3.9 and mean gestational age second screening was 36.3 +/- 1.8 weeks with mean stress score 14.2 +/- 3.8.

A statistically significant difference in mean stress scores from first to second screening was found at ($p < 0.001$) Relationship between high psychosocial stress and maternal characteristics were significantly associated with. Drug use and having two or more medical problems, Domestic violence increased the chances of high psychosocial stress during pregnancy by three to four fold more while current depression, sadness, hopelessness and panic disorder, fear increases the odds by seven to ten fold.

Age, education, race, marital status, employment and history of pregnancy problem were not significantly associated with high psychosocial stress in the final model. In a population of culturally and economically different pregnant women attending a university based prenatal clinic there antenatal psychosocial stress was common with slightly higher mean levels earlier in pregnancy. High levels of antenatal psychosocial stress were significantly associated with domestic violence. Depression, panic disorder drug use, and having two or more medical illness.

Study regarding factors associated with antenatal stress. It definitely proves an independent association between current psychiatric mood disorders major/minor depression, panic disorder and high antenatal psychosocial stress. It improves upon previous studies showing a relationship between psychiatric disorders and increased stress during pregnancy with depressive symptoms. Findings show that psychosocial stress to be associated with risky drug use, but not alcohol use.

Two previous studies have related substance use with high psychological stress, but these studies were limited in that one combined drug and alcohol use in a single variable and the other used medical records to establish substance use during pregnancy. Results are unique in that we measured alcohol use and drug use individually with separate, validated measures. The strong independent association between antenatal stress and domestic violence found in our study strengthens the conclusion of prior studies. Researcher additional found that persistent medical problems are alone associated with high antenatal psychosocial stress and several

maternal characteristics seen in prior studies levels of psychosocial stress probable to change during the course of pregnancy.

Although few studies have calculated psychosocial stress at a different antenatal time points. Study found significant decrease in mean stress scores from first to second screening, consistent with the findings of several prior studies. Statistically significant the decrease in the actual score was small and whether this is clinically significant were further investigated. In compare to this observed turn down in antenatal stress shown in studies, higher rates of preterm delivery and low birth weight have been noted in studies where levels of antenatal stress rise during pregnancy. Thus not only the level of stress but the time in pregnancy during which high maternal stress is experienced may be significant in view to risk of unpleasant outcomes. (Sarah M.2011)

Literature related to coping strategies on antenatal mothers.

Coping strategies tend to bring down the impact of stressful procedures. The phrase coping strategies is related to activities of which the individual is aware. For instance, consciously preventing stressors. Soreson and Luckman has recognized coping strategies and classified them into two general areas: Physiologic for instance alters in cardiovascular function raised gastric discharge, tremor, and sphincter loss. Psychological such as depression, anxiety, use of defence mechanism such as denial or repression.

The subject matter in which a person responds to stressful situation is mediated by (a) personality, (b) understanding of the stressor, and (c) means for coping. When and individual is in a pressurized situation, urgent responses are formed. Those responses are involuntary and are termed coping responses. (Ralph J, 2007)

Coping strategies are of two types; (a) problem solving strategies, which can be utilized to create adverse situations, (b) fewer stressful and emotion reducing strategies, which lighten the response to the stressors.

Problem solving strategies includes:

Requesting assist from another individual and acquiring advice or information that would aid in problem solving.

Solving problem- creating and accomplishing strategies to manage with the problem

Confrontation- protecting one's rights and encouraging other people to modify their behaviour.

Emotional decreasing strategies involves: ventilations of emotions- to another individual and communicating emotion.

Evaluation of the problem- to evaluate what can be changed and attempt to change and to admit it. Positive review of the difficulty- identifying that it has directed to some good, for instance, the loss of an occupation is a chance to find a more pleasing occupation. Prevention of the problem by declining to think about it. Preventing people who are triggering it, or avoiding reminders of it. (Cowen 2012)

Coping methods of pregnant adolescents. Descriptive study observed the coping styles and certain strategies utilized by a set of pregnant adolescent accompanying by an adolescent family care facility. Seventy-one adolescent, with a mean age of 17 years and a mean gestation of 25 weeks, terminated the Revised Jalowiec Coping Scale (JCS-R). The conclusion revealed that the optimistic coping style (emotion-focused) was the most commonly consumed and most efficient style of coping for these young women. A mixture of problem-focused and emotion-focused style suggested, with an increased stress on problem focused approaches. The emphasis by the adolescents on optimistic approaches is indicative of an absence of knowing of the challenges that maternity will place upon them, but is steady with their age and development period. (Myors K. 2001)

A longitudinal research of coping styles is modifications in style during pregnancy and early maternity. Primary assessment and observing of coping styles of pregnant adolescent is advised. This assessment would be the starting step for a teaching programme that bring to light better use of adaptive coping style (problem-focused) with lessened use of maladaptive methods, and involves emotion-focused

styles. By increasing the repertoire of coping styles and availability of approaches. (Myors K. 2001)

Coping and stress in fathers of infant's assessments of planned versus unplanned pregnancy. The aim was to evaluate between new fathers, their stresses and coping styles and to determine whether there was altered behaviour in planned versus unplanned pregnancies. The study was limited to 69 fathers with 4-6 weeks infants and no other children less than one year old, and who had no earlier history of institutionalization for mental health difficulties. Father was enrolled from the community at large. The sample consist of 68% (47) planned and 32% (22) unplanned pregnancies. The mean age of father was 29 years. There was wide range of levels of income. 88% were white, 5% black, 2% Asians, 3% Hispanic, 2% American Indian, and 90% were married. The marriage time is about 2.5 years. The Ireton Personal Inventory and the Jalowiec Coping Scale were carried out at the School of Nursing at the University of Wisconsin-Milwaukee. The results indicate that the stress centred about work, family health, finances and children. Friendships and marital situation had the least stress. Remarkably fathers with unplanned pregnancies show up higher levels of stress; areas with unplanned pregnancies stated stress with finances, living situation, marital situation, sex, recreation and friendships. The most usual coping strategies were making an effort to control a situation, setting goals and actively trying to change the circumstances. Few applied the following coping strategies: taking drugs, feeling hopelessness, getting mad, drinking, crying/getting depressed, or accusing others. The Jalowiec subscales related problem-oriented, tension-modulating and other pointed styles of coping, which were much same for all fathers. Fathers did demonstrate differences on feeling powerlessness; fathers with unplanned pregnancies had greater scores on the powerlessness subscales. These results imply that fathers may undergo stresses after childbirth, but not in the same way as reported in portions of crisis. Fathers of unplanned pregnancies are obviously more at risk of stress as a result of true feelings of powerlessness and in adapting to an infant. Longitudinal study should be aimed at how stress and coping changes over time and whether attachment to the child is influenced. Nurses should be instructed to assess fathers stresses throughout the pregnancy, as a method of assisting fathers cope late. (Clinton J. 1993)

This study employed a multivariate approach to reveal the effects of selected psychosocial variables on pregnancy complications in a naturally-occurring population of medically-normal women from different racial, marital and socioeconomic groups. Pregnant women between 12 and 20 weeks pregnancy (N=117) were examined with standardized tool that evaluate life stress; social support; and the emotion-state variables of anxiety, depression, and self-esteem. Life stress during gestation was assessed in prenatal month. Result was revealed by postpartum assessment. Lifestress and social support (emotional) were considerably linked to emotional imbalance. Significant main effects were found for life stress (prior year) on overall and gestation complications and for emotional disequilibrium on infant-condition complications. A major interface of life stress (during pregnancy) and social support (tangible) was noticed in all three forms of complications but not for entire pregnancy complications. The effect of psychosocial variables during pregnancy and in birth weight and gestational age of the infant, one hundred ninety two pregnant women from rural and urban areas interviewed regarding 35 weeks of gestation. Information from the obstetrical chart was taken and different queries were asked, about personal history, socioeconomic level, emotional state, vital events, family and social support. Fifty six percent of interviewed women did not prepared and plan their pregnancy, 32% regard their pregnancy as a negative event in their life, 62% had symptoms of emotional distress and 81% unfulfilled with the social support that were been given. When psychological factors were involved in the numerous regression analyses, their predictive power for birth weight and gestational age developed. These variables containing birth weight was 0.22 and for gestational age, 0.18 psychological factors during pregnancy are significant prediction for birth weight and gestation. The connection of psychological factor with vomiting and nausea during pregnancy. the aim of this study was to detect predictors for vomiting during pregnancy. A large German health insurance company imparted data on prescription reimbursements and socio-demographics for all women delivering between June 2000 and May 20001. The prescribed medicines were grouped in accordance with the Anatomical Therapeutic Chemical (ATC) code. The data was related to the database of the Bavarian Perinatal investigation in psychological variables as potential predictors. The risk of developing nausea and vomiting during pregnancy was two times upper for non-smokers than for smokers and declined about 3% with each year of age. Being single raised the risk of nausea and vomiting during

pregnancy by around 50% compared to women who stayed with a partner, and among these women stayed alone, working dropped the adjusted risk about two thirds compared to women who did not work. Psychological variables have a strong impact on vomiting and nausea during pregnancy. (Jane S 1983)

This study investigated a multifactorial model for the knowing of the factors linked to the severity of prenatal emotional disturbances. Data were collected from 213 pregnant women in the second trimester of pregnancy. Member were measured according to a number of psychosocial variables. Two kinds of prenatal emotional disturbances were observed depressing symptoms and worries and ambivalence related to maternity. A path analysis shown that four risk factors fields had an immediate effect on depressive symptom level spot of control. Stressors interpersonal correlation and psychiatric history. Four risk factor domains also had a direct effect on the level of ambivalence and fears socio demographics depressive symptoms level interpersonal relationships and family history. Various factors stated an indirect effect on one or both of the disturbances. These results indicates that the study of factors related to prenatal emotional disturbances profit from a multifactorial model evaluating direct and indirect effects (Bernazzani O 1997)

LITERATURE RELATED TO WELLBEING DURING PREGNANCY:

Pregnancy and having a baby is a life-changing event. The body goes through critical changes. For the majority of women, this is a joyful and positive experience, but for some women there may be extensive discomfort or even ill health during pregnancy. Detecting anxiety or depression and supporting pregnant women, who experience it, is crucial for maternal health and the major welfare and health of the child (NHS 2014)

A study to inspect the moderation role of pregnancy planning in the correlation between future parents' wellbeing and marital status. A sample of 154 Fresh-Canadian couples awaiting their first child accomplished assessments of pregnancy planning and well-being (i.e anxiety, depression, dyadic adjustment and satisfaction with life) in the third trimester of pregnancy. End results demonstrated that pregnancy planning efforts play a part in to future parents' well-being only if they are married. In the same way, marriage offers additional benefits than cohabitation, but only if partners have planned the conception and pregnancy. (Romano L 2009)

The hormone progesterone plays a role in every physiological procedure, on both men and women. Its massive increase during pregnancy serves to even out the organisms, both mother and infant, throughout the crucial time. Just before delivery, progesterone causes greater amounts of glucose and progesterone makes it possible to be on condition that in abundance for ultimate brain growth, by promoting the ability of the mother to use fat for her own energy. It is this effectual use of fat, which gives women better long-term endurance than men. When progesterone is lacking, have a tendency to be hypoglycemic, often go together with obesity. Many factors such as poor nutrition, climate, toxins and emotional and physical stress for instance can cause a progesterone deficiency. In addition consumption of estrogens, birth control pills and even IUD's can bring about a deficiency. Clinical experience implies that the prenatal hormonal environment (a mother's raise of estrogen throughout pregnancy) can predispose an individual in the direction of progesterone deficiency related to oestrogen. (Raymond F. 2012)

Current studies confirmed that progesterone inhibits stress induced coronary blood vessels spasms in elderly hearts perhaps give reasons for women's related freedom from heart attacks as long as they preserve functioning of ovaries. Other studies mention that progesterone has a part in regeneration of injured brain cells and extended development of the brain. Longer life span and delayed aging have been evidently related to excess progesterone. Many kinds of tumours have been avoided and relieved with progesterone. Extreme blood clotting initiated by extra oestrogen relieved by progesterone. Pregnancy toxemia and disposed to miscarry or to deliver prematurely are frequently enhanced by progesterone. When epilepsy happens premenstrual, or primary found nearby puberty, it is often prevented by progesterone therapy. Excessive and poor gestational weight gain is associated with inadequate health results for both the infants and the mother. Investigation has exposed that those woman who gain weight within suggested standards have improved health outcomes in contrasted to those woman who gain weight beyond of these suggestions. This study purpose to make a major influence by observing women's health behaviours, psychological factors and gestational weight gain throughout pregnancy. (Raymond F. 2012)

The investigation displayed that the large number of mothers in South Africa are preferred their usual practitioner and family planning services. Usual practitioners

in specific care employed for child health care advice and pregnancy care. South African mother's also usually turns to their own mothers and pharmacists as a resource of advice for child health and pregnancy information. Mothers are less likely to benefit from speciality doctors such as midwives and paediatricians for child health and pregnancy advice, for which the budget barrier may be an impacting factor. Throughout pregnancy South African mothers gain access to state financed healthcare. However, authorities are only available at a budget, which may affect both the mother's well-being and health care decisions.

Building on the success of the first African road show started in 2010, Philips is once again journeying across Africa with the Cap Town to Cairo road show 2011. The main emphasis for this year is on Mother and Child Care and Women's healthcare, supporting the Millennium development Goals (MDGs) to expand healthcare in Africa.

During pregnancy most mothers in South Africa look for prenatal screening such as glucose tests and regular sonograms (75 % and 81% respectively). However, only 51 % look for birthing classes, childcare classes 49% and only a little over half 54% attend breastfeeding classes (Philips M 2011)

Modifying the quality of prenatal care in Africa demands clinical and technical training of mothers. During the Cape Town to Cairo road show, we are offering a special planned clinical training workshop, in which subjects such as baby resuscitations and foetal heart rate interpretations, but also clinical fundamentals of obstetrics ultrasounds will be included. Philips product specialists will provide.

Philips research disclosed the state of well-being of South African mothers and children by supervision on May 12, 2011 South African mothers feeling healthy, 86% rate their health and well-being as very good or good children score even better; 93 % of mother regard as their children to be healthy, overall satisfaction with hospital services during childbirth, but the bulk of South African mothers under gone some level of stress; sources are often tend to be financial. The study showed that throughout the childbirth experiences, the majority of those who have children thought unclear about the prenatal care they acquired, and breastfeeding support offered was not satisfactory. This is regardless of the fact that they feel well about their health and wellbeing in comparison to the common South African population.

86% of South African mothers rank their health and wellbeing as very good or good, compared to 80% of the common population. 93% of those with children regard as the health and wellbeing of their children to be very good or good, it has been detected that the ratio of brain weight of body weight related directly to long life. The brain has a feeding impact on other tissues. An effectual brain is an anti-stress resource. The hormones of stress age several tissues, comprising connective tissue. Good nourishment, comprising the anti-stress substances discovered in some food, at the same time will improve brain power and boost the healthy life span; congenital deficiencies are enlarged by poor nutrition and stress throughout pregnancy and on the other hand, lowered by good nutrition, stress reduction and hormone supplementation. An extreme oestrogen/progesterone ratio is more commonly included than either an extra of oestrogen or a deficit of progesterone but even this ratio is shape up by other factors, consists of age, diet, other steroids, thyroid and other hormones. The related extra oestrogen seems to act out by generating hypoxia of tissue. Symptoms in cycling women are most frequent around ovulation and in the premenstrual week, when the oestrogen/progesterone ratio is normally above average. The early 20's late 30's and menopause are the phases when the ratio is most often disrupted. These are also the ages when thyroid disorders are widespread in women. (Radhika. 2011)

The usage of progesterone transversally (put into the skin) in about 400 women undergoing from the full variety of peri-menstrual signs, including migraine, acne, depression, mastalgia (breast pain), edema and lethargy. Discovered that almost all the women who apply the lotion themselves are capable to come across the proper dosage for managing their symptoms. Rarely, thyroid therapy, weight reduction; or change in some part of lifestyle is essential for entire relief from sign and symptoms. (Raymond F. 2012)

This study considered the correlation between stresses, coping, general wellbeing, and socio-demographic appearance utilizing Lazarus and Folkman's theory of stress and coping. A descriptive correlation design was employed. The subject comprised of 105 female department of presently deployed active duty military memberships. Tool consists of the Perceived Stress Scale, the Jalowiec Coping Scale, and the RAND-36. Observed stress was the best predictor of both physical well-being and mental, computing for 51.7% and 25.4% of the variance, respectively. Evasive and optimistic coping lead to an additional 1.9% and 4.3% respectively, to the

variance in mental wellbeing. Variance in coping usage was obtained between rank groups, those who raised up in a military family and those with a earlier deployment separation. Nurses are in an ideal position to recognize military partners at risk and deliver education on effective coping manners revealed in positively affect well-being deployment separation. (Padden D. 2011)

SUMMARY

This chapter dealt with a review of research and non-research literature related to present study. The literature reviewed enables the investigator to broaden understanding and gain insight into the various areas to be included on Garbhasanskar. The review of literature enabled the investigator to establish the need for the study, develop conceptual frame work, adopt research design, develop tool and carry out interventions to decrease stress of antenatal mothers and decide on the plan of analysis.

CHAPTER- III

RESEARCH METHODOLOGY

Methodology of research indicates the general pattern for organizing the procedure for the empirical study together with the method of obtaining valid and reliable data for an investigation. The research methodology includes the strategies to be used to collect and analyze the data to accomplish the research objectives. It has crucial implications for the validity and credibility of the study findings. The present study was carried out on a quasi experimental basis, to assess effect of selected aspect of Garbha Sanskar on stress, coping strategies and wellbeing of antenatal mothers of Pune city.

The contents included in this chapter are research approach, research design, variables under study, the setting, population, the sample and sampling technique, development and description of tools, data collection procedure, description of the treatment, pilot study and the plan for data analysis for the present study.

RESEARCH APPROACH

The research approach is the broad basic procedure for collecting data in a particular research situation. The approach used for the present study was experimental approach which will help to a great extent in evaluating effect of Garbha Sanskar on stress, coping strategies and wellbeing of antenatal mothers of Pune city.

“Experimental research is an approach in which either laboratory or field subjects are used in tests or trials. Research subjects are usually selected randomly and placed into groups for the purpose of manipulation”

“In the broad phases, in the conduct of effectiveness or evaluate research, a program, or a method is tested to assess its quality, applicability, feasibility and desirability used in terms of some meaningful criterion measures”.

“Experimental design is the blueprint of the procedure that enables the researcher to test the hypothesis by reaching a valid conclusion about relationship between dependant variables and independent variables”. Experimental research is research study in which the investigator controls or manipulates the independent variables and randomly assigns subjects to different conditions. It provides a systematic and logical method for analysis of what will happen under completely careful and controlled conditions.”

Hence the “Quantitative Approach” was considered to be appropriate to evaluate the effect of Garbha Sanskar on stress, coping strategies and wellbeing of antenatal mothers of Pune city.

THE RESEARCH DESIGN

It is the backbone or the structure of the study. The term research design refers to plan or organization of a scientific investigation. It provides a framework that supports the study and holds it together. The research design helps the researcher in the selection of subjects for observation, and determines the type of analysis to be used to interpret the data.

Research design refers to strategies that the researcher adopts to develop information that is accurate, objective and meaningful. The selection of research design is the most important step as to provide the framework for the study. The research design incorporates some of the most important methodological decisions that the researcher makes in conducting the study.

“A research design is the plan structure and strategy of investigation conceived, so as to obtain answer to each research question and to control variance”.

“Research design refers to the researcher’s overall plan for obtaining answer to the researcher’s questions or for testing the research. It incorporates some of the most important methodological decisions that the researcher makes in conducting a research study”.

The research design selected for this study was a “time series design”. Keeping the hypothesis and objectives in mind, this design was selected for the present study. In the experimental approach the investigator studied the cause and effect relationship by exposing experimental group to the treatment. When all the extraneous variables are built into the design, the difference obtained between the two groups can safely occur due to manipulation of the independent variables.

RESEARCH DESIGN

Table 1. Research Design of the study

Group	Pre-test	Treatment	Post-test			
12-16wks	Day 1	Day 1	17- 20wks	25- 28wks	33- 35wks	36- 40wks
Control group-	Pre-test (1)	No Intervention	Post-test (1)	Post-test (2)	Post-test (3)	Post-test (4)
Experimental group	Pre-test (1)	Intervention	Post-test (1)	Post-test (2)	Post-test (3)	Post-test (4)

VARIABLES

“A variable is, as the name implies, something that varies. A variable is quality of an organization, group or situation that takes different values” as stated by “The analysis of

the data,” difference between the initial and terminal measurement represents the effect of the independent variable.”

The independent variable is the condition or characteristics manipulated by the researcher. In this study the independent variables was Breathing technique, Relaxation and Meditation. The dependent variable is referred to as the criterion variable. It is the effect of the action of the independent variables. The dependent variable in this study is stress, coping strategies and wellbeing of antenatal mothers

SETTING OF THE STUDY

“Setting” refers to the physical location and condition where study was conducted. The selection of an appropriate setting is important because the setting can influence the way people behave or feel and how they respond. The researcher needs to decide where the intervention will be implemented and where the data will be collected. The setting for this study was Bharati Hospital Research Centre and Bharati Ayurved Hospital of Pune city.

POPULATION

“A population is a group whose members possess specific attributes that the researcher is interested in studying.” The requirement of defining the population for a research project arises from the need to specify the group to which the result of the study can be generalized.

In this study, population consists of antenatal mothers of Pune city. The population is a complete set of individuals or objects that possess some common characteristic of interest to the researcher. The researcher specifies the broad population (target population) as well as the actual population that is available for the study (accessible population). The conclusion of a research study is based on the data obtained from the accessible population, and the statistical inferences should be made only with reference to the group from which the sample is randomly selected. Accessible population for the study was antenatal mothers from selected hospitals of Pune city

SAMPLE

A subgroup of the population is called a sample. The sample is chosen to represent the population and is used to make generalization about the population. If the sample is carefully selected, the researcher can make claims about the population with a certain degree of confidence.

In this study sample were antenatal mothers from selected hospital of Pune city. Nursing research is generally conducted with human beings. Subjects' right must be considered and proper permission must be secured before subjects are approached for participation in a study. All research with humans must involve voluntary participation of the subjects.

SAMPLE SIZE

The sample consisted of 200 antenatal mothers who fulfilled the inclusive criteria of this study. In (group I) 100 samples for Experimental and in (Group II) 100 samples for control group were taken.

SAMPLING TECHNIQUE

In non-probability sampling, the sample elements are chosen from the population by non-random methods. Most frequently attributed reason for the use of non-probability samples involves the convenience and the desire to use the available subjects. In non-probability sampling also samples can be chosen by different methods such as convenience, quota and purpose. Convenience sampling is also referred to as accidental or incidental and involves choosing readily available people or objects for the study. Samples may or may not be typical of the population. In this study Non probability purposive sampling technique is used.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

The study is limited only to those antenatal mothers who are willing to participate in this study

Antenatal mothers who can read and understand Marathi or English language

Antenatal mothers who have completed 12 weeks of gestation

EXCLUSION CRITERIA

Antenatal mothers who is severely ill

Illiterate antenatal mothers

Antenatal mothers who have already attended Garbha Sanskar classes.

DEVELOPMENT OF TOOL

The most important and crucial aspect of any research is collection of appropriate information, which would provide necessary data to answer the questions raised in the study. The present study aimed at assessing the effect of selected aspect of Garbha Sanskar on stress, coping strategies and wellbeing of antenatal mothers of Pune city.

Self-structured questionnaire schedule for base line data of antenatal mothers' demographic data, Liker scale was prepared to collect data related to stress, coping strategies and wellbeing score of antenatal mothers

DESCRIPTION OF TOOLS

Four sections were used to collect data from antenatal mothers related to

Demographic variables, stress, coping strategies and wellbeing

Section -I

Section- I includes Part –I and Part –II.

Part -I –Dealt with structured questionnaire schedule for baseline data of antenatal Mothers, sample code no, Age, Education, Gravida, Working Status, Family Income, Education, Type of family, Weeks of gestation, History of abortion, religion, husbands education, husbands occupation, living area, decision making in the family.

Part II –Physical assessment of Antenatal mothers– Weight, pulse, Blood pressure, Hemoglobin, Fetal heart rate

Section II –

Stress scoring sheet - Physical stress during pregnancy, psychological stress during pregnancy, financial stress during pregnancy, frustration and self perception stress during pregnancy.

Stress scoring done as

0-27 mild stress

28-54 moderate stress

55-81 severe stress

Section III –

Dealt with coping strategies used by antenatal mothers for physical stress, psychological stress, financial stress, frustration and self perception stress,

Coping strategies was measure as

0-23 poor level of coping

24-46 good level of coping

47-69 very good level of coping

Section IV –

Wellbeing is based on feeling of antenatal mothers passed one month experience which is assessed by marking yes or no questions.

0 – 6 Low level of wellbeing

7 –14 Medium level wellbeing

15 – 20 High level wellbeing

COLLECTION OF DATA

The data was gathered over a period of two years. A total 200 subject were selected for the study as per the criteria of selection. Hundred (100) were selected for group I and hundred (100) for group II.

Formal administrative approval was sought from the administrator, Matron, head of the department-Obstetrics and Gynecology. Consent of samples has been taken for participation in the study.

Pretest was administered than Selected aspect of Garbha Sanskar was taught to the mother as per there convenient time and place. Breathing technique, meditation and relaxation technique were taught till the mother understand and able to practice by here self. All doubts were cleared. Demographic data were collected from both the groups. Tool was administered which included stress scoring, coping scoring and wellbeing of the mother.

Marking scheme for data collection is used as positive statement marked as one and negative statement mark as zero. Data collection for final study done for two years. In month eight to ten samples were taken from 13 to 16 weeks of gestation first follow up done between 17 to 20 weeks, second follow up between 25 to 28 weeks, third follow up between 33 to 36 week and fourth follow up done form 37 to 40 weeks and above. Each sample four reading were taken after teaching selected aspect of Garbha Sanskar. Daily one antenatal mother's data was collected. There are six drop out sample from experimental group since they have gone to their mothers place for delivery there for six extra sample were taken for data collection.

DESCRIPTION OF SELECTED ASPECT OF GARBHA SANSKAR

After meeting antenatal mothers who were between 12-16wks of gestation, asked them about exposure to Garbha Sanskar, those mother not came across Garbha Sanskar basic baseline data collected Pretest was administered. Confidentiality was maintained Explained them about Garbha Sanskar, and taught them about selected aspect of Garbha

Sanskar which includes. Breathing Technique, Meditation and relaxation. Doubts of mothers were cleared till they are satisfied. After 4weeks (17-20wks), 8weeks (25-28wks), 8weeks (33-35wks), and again after 4weeks (36-40wks)post test was administered.

Told them to practice selected aspect of Garbha Sanskar once in a day. Contact them by telephonic conversation and direct contact encourage and reinforce them to daily practice selected aspect of Garbha Sanskar and maintained record on provided sheet given by researcher.

BREATHING TECHNIQUE

Pregnancy is a normal condition in which much of physical and brisk stress is not good for the health of the mother as well as of the fetus. Stretching and relaxation exercises along with breathing techniques are highly beneficial in pregnancy.

To perform deep breathing exercise. Explain antenatal mother to sit in a comfortable position and relaxed properly.

Told mother to focus on own breathing.

Four-fold breath

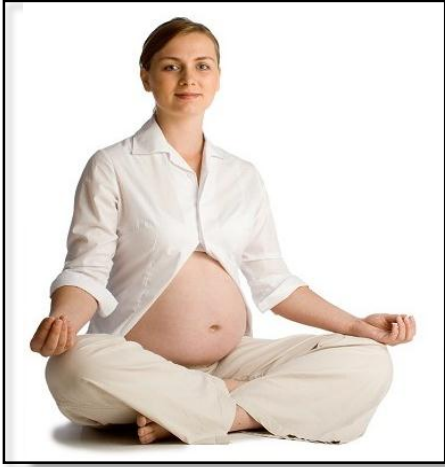
At the in-breath to the count of four

Then hold your breath for the count of two,

Then releasing your breath slowly and deeply to the count of four.

Explain antenatal mother to watch stomach rise at the in-breath and fall at the out-breath. Also make sure that the breaths are slow and even. As you continue this rhythm of breathing, become aware of your thoughts, releasing any negative thoughts you have and replacing them with powerful positive thoughts.

MEDITATION DURING PREGNANCY



Meditation is a way of transforming your body and mind into a peaceful and calm state. It brings you to a spiritual experience by focusing on your inner self. It helps to create a calm and tranquil place in your mind, thus promoting peace and happiness to your well being.

A calm and quiet environment was chosen room form Bharati hospital and Bharati Ayurvedic hospital with the facility of bed, table and mat. Selected aspect of Garbha Sanskar was taught to antenatal mother and instructed to perform as follow

MEDITATION TECHNIQUE

Following point were explained to antenatal mothers

1. Find a comfortable environment where you can perform meditation easily. A place away from the noise and distractions like phone, computer, and people
2. You can stay in sitting positing with a chair supporting your back or in a lying position make sure that the position will not stress your body.
3. Perform breathing. Close your eyes and take few deep breaths. Once you are able to get into the rhythm of your breathing you will feel relaxed. Inhale and exhale slowly through your nose. As you breathe, focus your attention on the movement of your abdomen.
4. Stay focused on your goal. Let your body be totally relaxed. Slowly clear your thoughts; eliminating the negative ideas on your mind. Releasing the bad energy that clouds your mind will help you experience the inner peace in silence.

RELAXATION TECHNIQUE

Best time to do Relaxation technique is in the morning or at bed time when body and mind are relaxed.

Sit comfortably, keep both hands on knee, close eyes, and relax your mind

Relaxation can help counteract stress and produce a calm mind and body.

Relaxation breathing is a very simple technique.

Progressive muscular relaxation is a method which enables you to relax the large muscles of your body when you relaxed body means a relaxed mind.

Omkar – Take deep breath inhale and as exhale say omkar do this for two times for the concentration.

Which can take 15 to 20 minutes and can be practiced anywhere – lying down, sitting up preferably sit in a comfortable position and close your eyes. Think about your breathing, concentrate on breathing and start relaxing your body in following way

Lower limb – Big toe, second toe, third toe, fourth toe, little toe, the upper part of foot, sole, heel, ankle, calf, knee, thigh, and thigh joint (Left and Right side) concentrate and then relaxed.

Back- from the bottom of the spine to the neck – the right side of the back - the back side of the shoulder - the left side of the back – the back of the left shoulder – the back of the neck concentrate and then relaxed.

Abdomen, chest and throat - Naval – the left side of the naval (including urinary organs) the right side of the naval – the upper side of the naval - the central part of the chest – the right breast - the left breast – the pit below in the throat - throat. Concentrate and then relaxed.

Upper Limb - thumb – forefinger – middle finger – ring finger – little finger - back of the palm – palm - wrist forearm – upper arm – front shoulder (Left and Right side) concentrate and then relaxed.

Head - chin – lower lip – tongue – right nostril – right cheek – right ear – right eye – left eye – left ear – left cheek – left nostril – tip of the nose – the centre of the eyebrows – forehead – right side of the head – back of the head – left side of the head – top of the head. Concentrate and then relaxed.

Positive Thoughts - Think about the fetus is normal, good weight. I am becoming happier, healthier and more relaxed. "I and my baby are experiencing immense joy happiness" Count on breathing. Whole body is relaxed. Be in relaxed position for 2-3 minutes.

Gradually you can move your legs, hand then turn to one side.

Slowly get-up – sit – rub your hands and put it on the face and feel the warmth.

VALIDITY

Content validity of tool for research title “A study to assess effect of selected aspect of Garbha Sanskar of stress, Coping strategies and wellbeing of antenatal mothers of Pune City” has been shown to ethical Committee member and correction were made as per the suggestion given by ethical committee expert. Stress scoring, coping strategies and wellbeing of the antenatal mothers self structured questionnaire were prepared for data collection. This tool was send for validation to 29 expert from the field of Nursing, Doctors and Obstetrics, Ayurvedic and Naturopathy, Advocate, Sociologist and Biostatistician. Among the validators two expert were doctors who were teaching and practicing for long time in the field of Obstratics and Gynecology. Fourteen experts were from different field of Nursing education and clinical expertise in Obstratics and Gynecology. Five experts from field of Ayurvedic, One Advocate, two Biostraticians, one Sociologist, two Naturopathies, two not responded. Expert was requested to judge the items for their clarity, relatedness and meaningfulness of the content. A few changes

were done according to their suggestions, considering practicability of the tool. Re-organization of the item of the tools was done finally and validated tools were ready to ascertain the data from the sample subjects. The final tool was translated in Marathi and validated by Marathi language expert and translated back to English to ensure that meaning remains same.

RELIABILITY

Reliability has to do with the quality of measurement. Reliability is the “Consistency” or “Repeatability” of measures. Reliability is the consistency of a set of measurements or measuring instrument. Reliability does not imply validity that is reliable measure is measuring something consistently, but not necessarily what it is supposed to be measuring. Reliability is concerned with consistency, accuracy, precision, stability, equivalence and homogeneity. Reliability is the extent to which the measurement of a test remains consistent over repeated tests of the same subject under identical condition, the homogeneity of an instrument mean that all the items in a tool measure the same concepts or characteristic.

After establishing the validity of the tool to be used for the study, the final tool was made and then the reliability of the tool was done, after obtaining formal permission, the Marathi version of the tool was administered to 20 samples selected as per the set criteria. The scores were calculated and then given for statistical analysis.

The reliability of the tool was tested by ‘Karl Pearson’s correlation co-efficient. This method is used as the data is of qualitative type and this method gives the exact error in the reliability scores. The method ‘Karl Pearson’s correlation co-efficient stresses internal score relations of items in the tool as well as correlation of each item with the test as a whole.

$$r = \frac{\sum_{i=1}^n (X_i - \bar{X})(Y_i - \bar{Y})}{\sqrt{\sum_{i=1}^n (X_i - \bar{X})^2} \sqrt{\sum_{i=1}^n (Y_i - \bar{Y})^2}}$$

Split half reliability was used to establish the reliability of stress, coping strategies and wellbeing. Its value of r is greater than 0.80 then test is reliable. As the value of $r=0.81$ for stress, hence test is reliable. Reliability of coping strategies is $r=0.95$ and also reliability of wellbeing is $r=0.95$ hence also reliability of wellbeing is $r=0.95$ hence the questionnaire was found to be reliable.

PILOT STUDY

A pilot study often involves a small scale of the entire study. "Pilot study is the miniature trial run of the methodology planned for major project"

The purpose of the pilot study is two fold to make improvement in the research project and to detect any problem that must be eradicated before the major study is attempted". Not only instruments but also the sampling plan, the intervention, the study procedures. The function of the study is to obtain information and to assess feasibility of the study for improving and to decide the plan for data analysis.

The pilot study was conducted to assess feasibility of the study and to decide the plan for data analysis. 20 samples were selected using purposive sampling technique from Bharati Hospital and research centre based on the sampling criteria, Administrative permission was procured formally from the medical director and head of the department in obstetrics and gynecology department of Bharati Hospital.

The investigator approached the subjects, informed regarding the objectives of the study and obtained the consent after assuring the subjects about the confidentiality about the data. Investigator taught selected aspects of garbha sanskar breathing technique, relaxation exercise and mediation. The data was collected through a structured questionnaire technique. Data was analyzed statistically. On the whole it was found that the tool is feasible to generate information from antenatal women on stress experienced by the mother, the level of coping strategies used by antenatal women and wellbeing of antenatal women.

Pilot study was conducted from 4th feb2012 to 8th Dec 2012. Pilot study did not reveal any major feasibility problem and tool required no further changes. It gave a better insight to the investigator. The subject of the pilot study was excluded from the final study.

PLAN FOR DATA ANALYSIS

The analysis was made on the basis of objectives and hypotheses. The data analysis was planned to include descriptive and inferential statistics.

Frequency polygon would be plotted to compare the distribution of pretest and post test score of stress scoring, coping strategies and wellbeing of antenatal mothers.

Mean, median, standard deviation and mean percentage of pre and post test scores was computed.

“z” test was applied to determine the significance of mean difference between mean pretest scores and mean post-test scores.

“t” test for checking significance of co-efficient.

PLAN FOR DISSEMINATION AND UTILIZATION

The findings of the study will be presented in the conferences and group meeting and copy will be circulated to Nurse administrators, Nurse Educators, and hospital administrators for their comment. Improvement and standardization can be undertaken after that research will be used for further studies. Research will be published in Nursing Journal of India and other journal.

SUMMARY

This chapter dealt with methodology adopted for present study, research approach, research design, variables under study, setting, population, selection of sample, criteria for sample selection, and description of instrument, description of the selected aspect of Garbha Sanskar reliability and validity of the tool, pilot study, data collection procedure and plan for data analysis.

Research approach used for the present study was quantitative experimental approach. Research design was time series design, longitudinal analysis. Independent veritable was selected aspect of Garbha Sanskar- (breathing technique, relaxation, and meditation) on the antenatal mother. Dependent variables are stress, coping strategies and wellbeing of antenatal mother. Setting for the study was Bharati hospital and research centre and Baharati ayurvedic hospital. Population for the study was antenatal mother. Total sample size 200. In experimental group -100, and control group -100. sampleling technique use for the study is non- probability purposive sampling technique. Validity of the tool were done by 29 expert. Reliability of the tool was tested by Karl person coefficient. Pilot study was done on 20 sample. Pilot study did not reveal any problem therefore it was feasible to conduct study.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the analysis and interpretation of data collected to evaluate the effect of selected aspects of Garbha Sanskar on stress, coping strategies and wellbeing of antenatal mothers registered in OPD of selected general hospital. Semi structured questionnaire administered to evaluate stress of antenatal mothers and to find which are different coping strategies used and how selected aspects of Garbha Sanskar help to maintained wellbeing of antenatal mother.

Data analysis is the “categorizing, ordering, manipulating, summarizing of data to obtain answer to research questions.” The purpose of analysis is to reduce data to an intelligible and interpretable form so that the relation of research problem can be studied and tested .Interpretation of tabulated data can bring light to the real meaning of the finding of study.

Data analysis is the systematic organization and synthesis of research data, and testing of research hypotheses using those data.

The present study has been undertaken to assess the effect of selected aspects of GarbhaSanskar on stress, coping strategies and wellbeing of antenatal mothers. The data is analyzed as per the objective of study.

OBJECTIVES OF THE STUDY

1. To assess the level of stress before and after administration of selected aspects of Garbha Sanskar on antenatal mothers
2. To identify the coping strategies before and after administration of selected aspects of Garbha Sanskar on antenatal mothers
3. To assess the level of wellbeing before and after administration of selected aspects of Garbha Sanskar on antenatal mothers
4. To correlate the effect of Garbha Sanskar with selected physiological parameters.
5. To associate the findings withselected demographic variable.

HYPOTHESIS

H₀₁ - There will be no significant difference between the selected aspects of Garbha Sanskar on stress level of antenatal mothers at 5% level of significance

H₀₂ - There will be no significant difference between the selected aspects of Garbha Sanskar on coping strategies of antenatal mothers at 5% level of significance

H₀₃ - There will be no significant difference between the selected aspects of Garbha Sanskar on wellbeing of antenatal mothers at 5% level of significance

ORGANIZATION OF FINDINGS

The obtained data were analyzed, tabulated and interpreted by employing descriptive and inferential statistics. The data has been organized under following sections.

Section I - Part (I) – Deals with Semi structured questionnaire administered for baseline data of Mother –Age, Education, Gravida, Working Status, Family Income, Education, Type of family, Weeks of gestation, History of abortion, religion, husband education, husband occupation, living area, decision making in the family.

Part (II) – Physical assessment – Weight, pulse rate, blood pressure, hemoglobin of ante natal mothers

Section II –stress scoring - Physical stress during pregnancy, psychological stress during pregnancy, financial stress during pregnancy, frustration and self-perception stress during pregnancy.

Section III – coping strategies was assessed by rating scale

Section IV – well being of antenatal mother was assessed by check list

DESCRIPTION OF THE THERAPY

After meeting antenatal mother basic baseline data collected asked them about exposure to Garbha Sanskar, those mother had not practiced Garbha Sanskar Pretest was administered. Explained them about Garbha Sanskar, and taught them about selected aspect of Garbha Sanskar. Breathing Technique, Meditation and relaxation.

Pre test was administered to those who came to obstetrics OPD of Bharati hospital and Bharati Ayurvedic hospital. Antenatal mother who have completed 12 -16weeks of gestation. First post test was taken between Bharati Hospital Research Centre & Ayurveda hospital 17-20weeks of gestation(after 1 month), second post test taken between 25-28weeks of gestation (2month), third post test taken between 33-36 weeks of gestation(2 month) ,fourth post test was taken above 37 weeks of gestation(1month) emphasis were given about selected aspect of Garbha Sanskar doubts of mother were cleared till they are satisfied

SECTION I

PART- I

A-DEMOGRAPHIC VARIABLES

Figure:2 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE ANTENATAL MOTHERS IN BOTH THE GROUPS ACCORDING TO THEIR AGE IN YEARS

N=200(100+100)

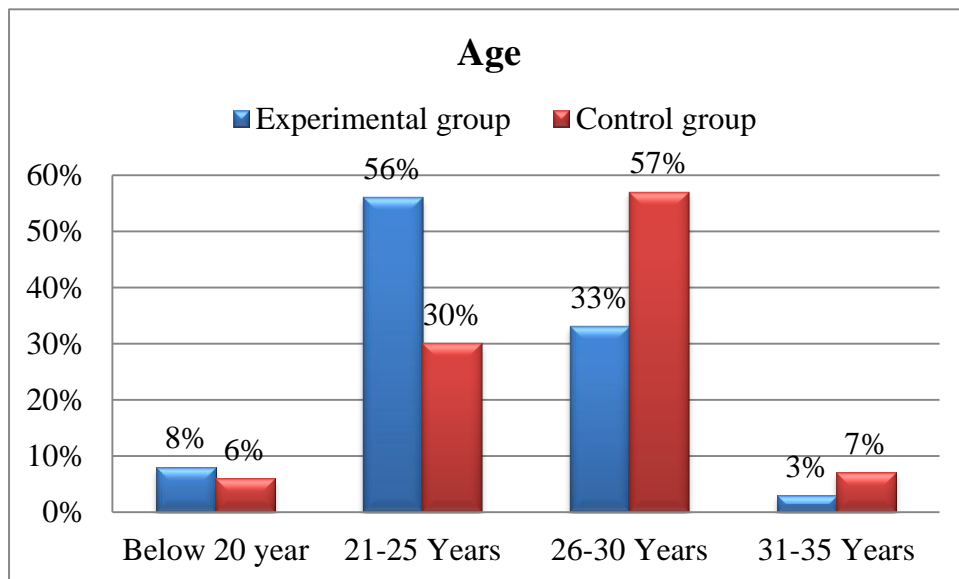


Figure:2 shows that more than half (56%) of the antenatal mothers in experimental group were in the age group of 21-25 years, 33% of them were in the age group 26-30 years, 8% of them were in the age group below 20 years and 3% of them were in the age group 31-35 years. More than half (57%) of the antenatal mothers in control group were in the age group 26-30 years, 30% of them were in the age group 21-25 years, 6% of them were in the age group below 20 years and 7% of them were in the age group 31-35 years

Figure: 3 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE ANTENATAL MOTHERS IN BOTH THE GROUPS ACCORDING TO THEIR PARITY

N=200(100+100)

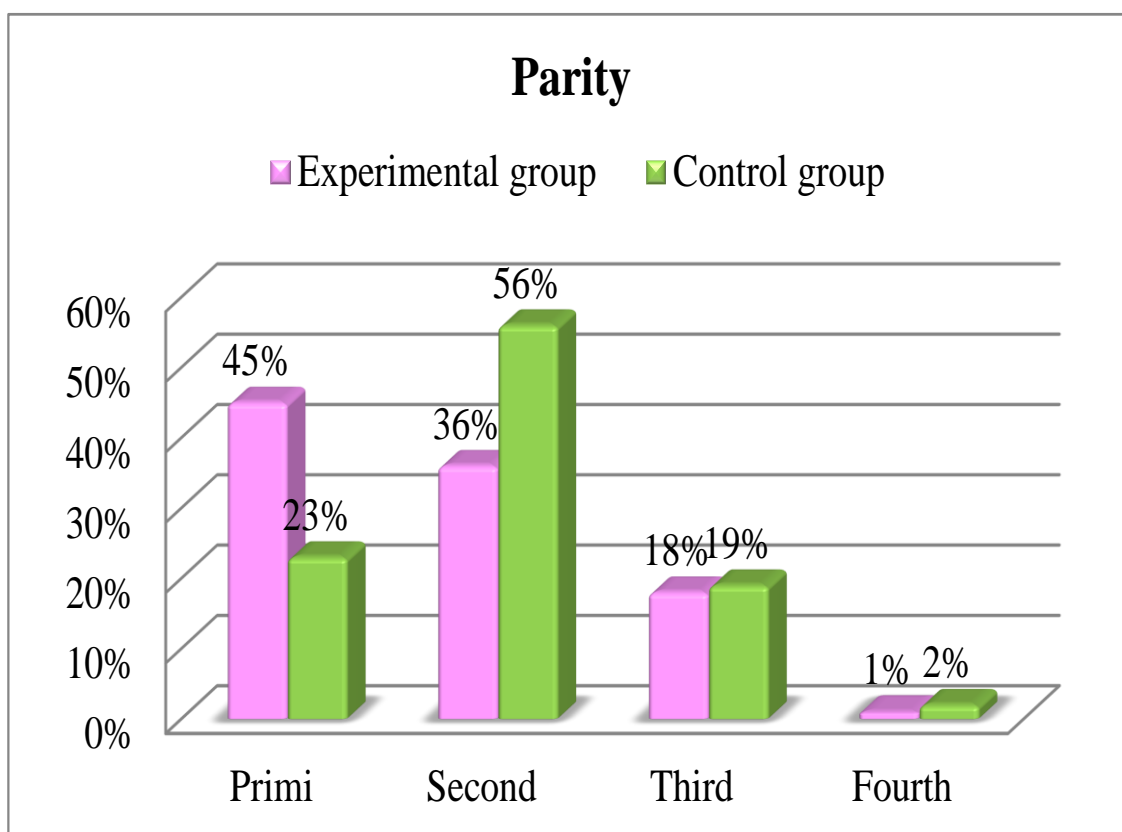


Figure: 3 shows that 45% were primiparas, 36 % were with second parity 18% of them had third parity and 1% of them had fourth parity. 23% of them from control group had first parity, 56% of them had second parity, 19% of them had third parity and 2% of them had fourth parity.

Figure: 4 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE ANTENATAL MOTHERS IN BOTH THE GROUPS ACCORDING TO THEIR OCCUPATION

N=200(100+100)

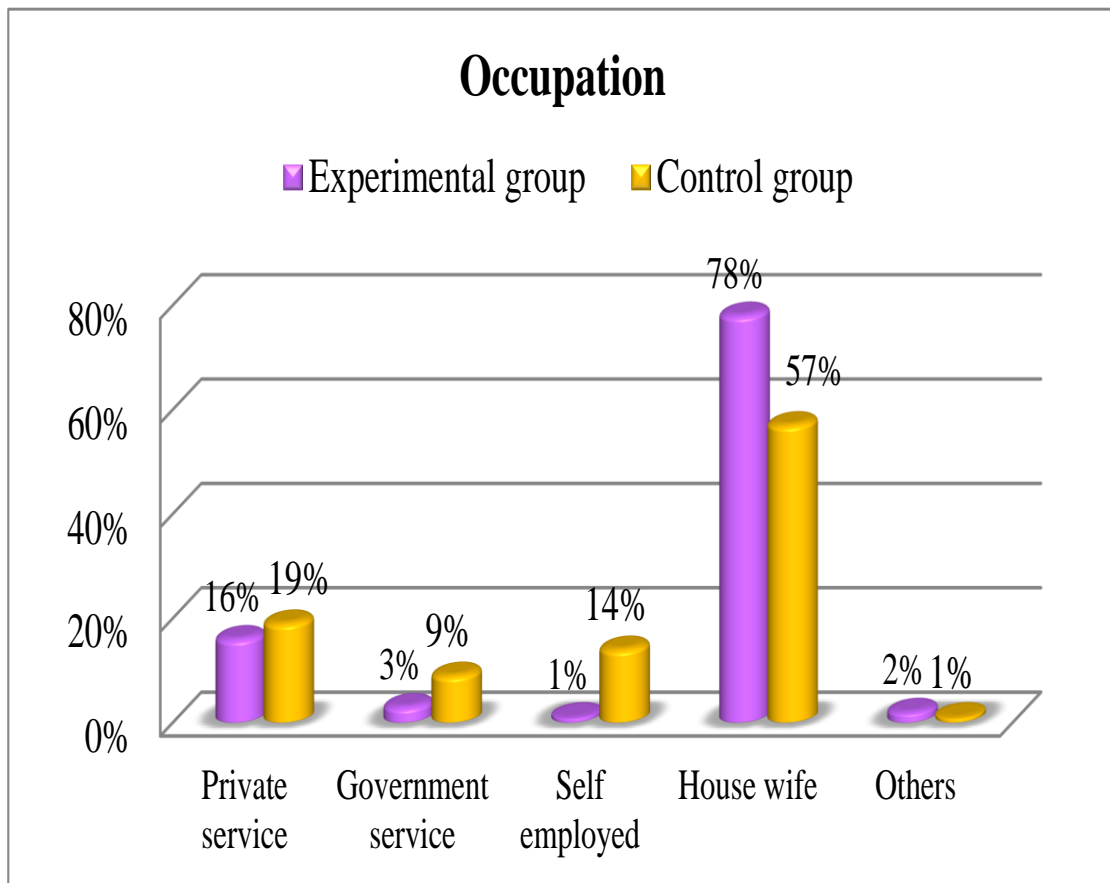


Figure:4 shows that 16% in experimental group were in private service, 3% of them were in government service, 1% was self-employed, 78% were housewives and 2% of them had some other occupation. 19% of them in control group were in private service, 9% were in government service, 14% of them were self-employed, 57% of them were housewives and 1% of them had some other occupation.

Figure: 5 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE ANTENATAL MOTHERS IN BOTH THE GROUPS ACCORDING TO THEIR MONTHLY FAMILY INCOME

N=200(100+100)

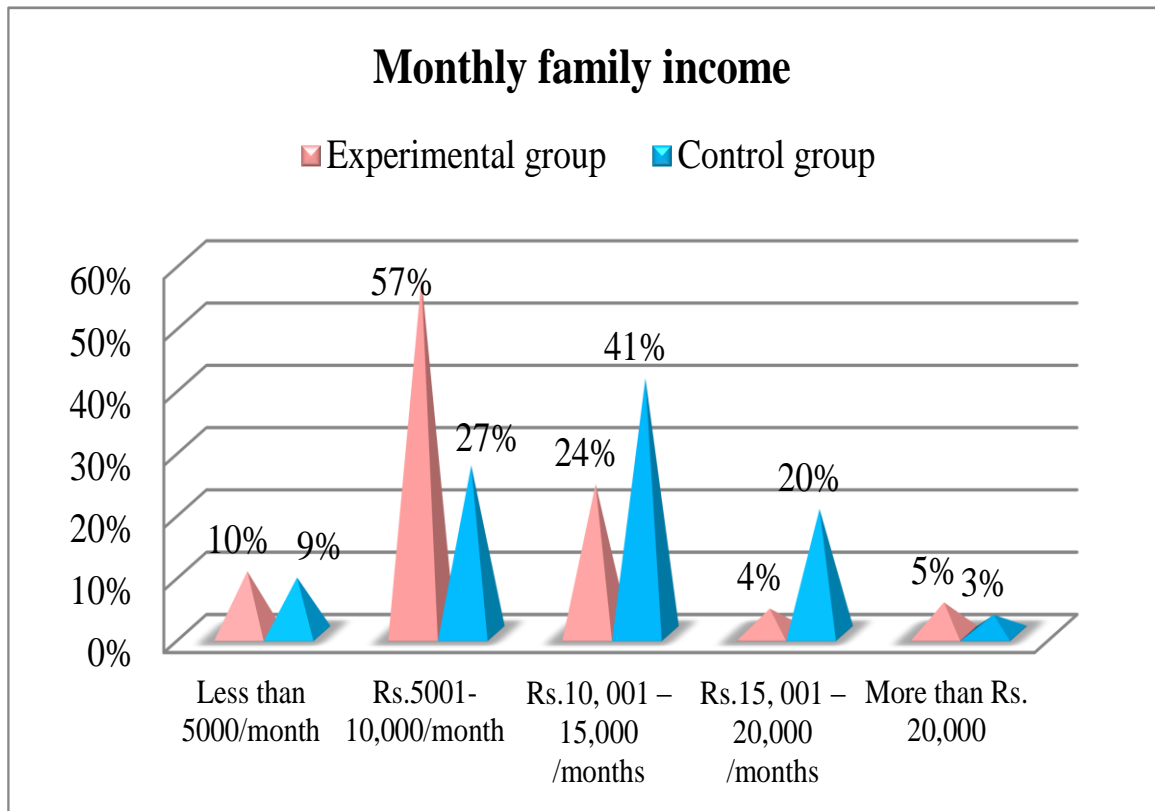


Figure:5 shows that In experimental group, 10% of them had family income less than Rs. 5000/month, 57% of them had family income Rs.5001-10000, 24% of them had family income Rs. 10001-15000/month, 4% of them had income Rs. 15001-20000 and 5% of them had family income more than Rs. 20000 per month. In control group, 9% of them had family income less than Rs. 5000/month, 27% of them had family income Rs.5001-10000, 41% of them had family income Rs. 10001-15000/month, 20% of them had income Rs. 15001-20000 and 3% of them had family income more than Rs. 20000 per month

Figure: 6 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE ANTENATAL MOTHERS IN BOTH THE GROUPS ACCORDING TO THEIR EDUCATION

N=200(100+100)

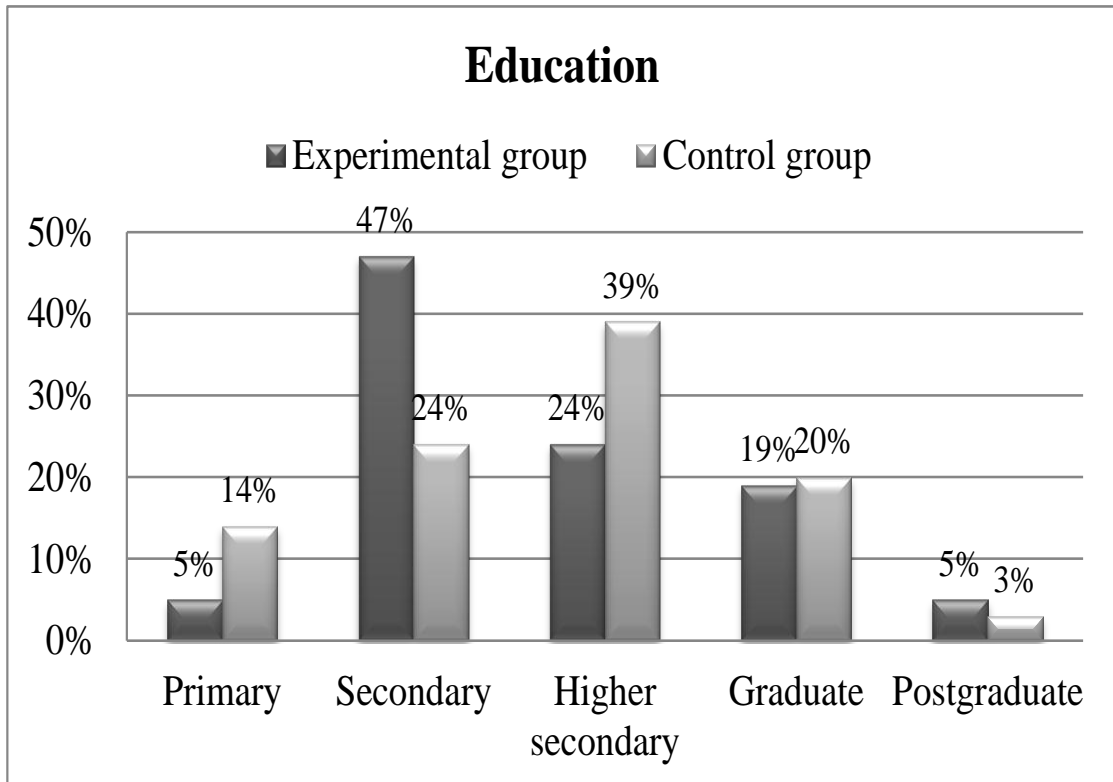


Figure:6 shows that in experimental group, 5% of them had primary education, 47% of them had secondary education, 24% of them had higher secondary education, 19% of them had graduation and 5% of them had post-graduation. In control group, 14% of them had primary education, 24% of them had secondary education, 39% of them had higher secondary education, 20% of them had graduation and 3% of them had post-graduation.

Figure:7 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE ANTENATAL MOTHERS IN BOTH THE GROUPS ACCORDING TO TYPE OF FAMILY.

N=200(100+100)

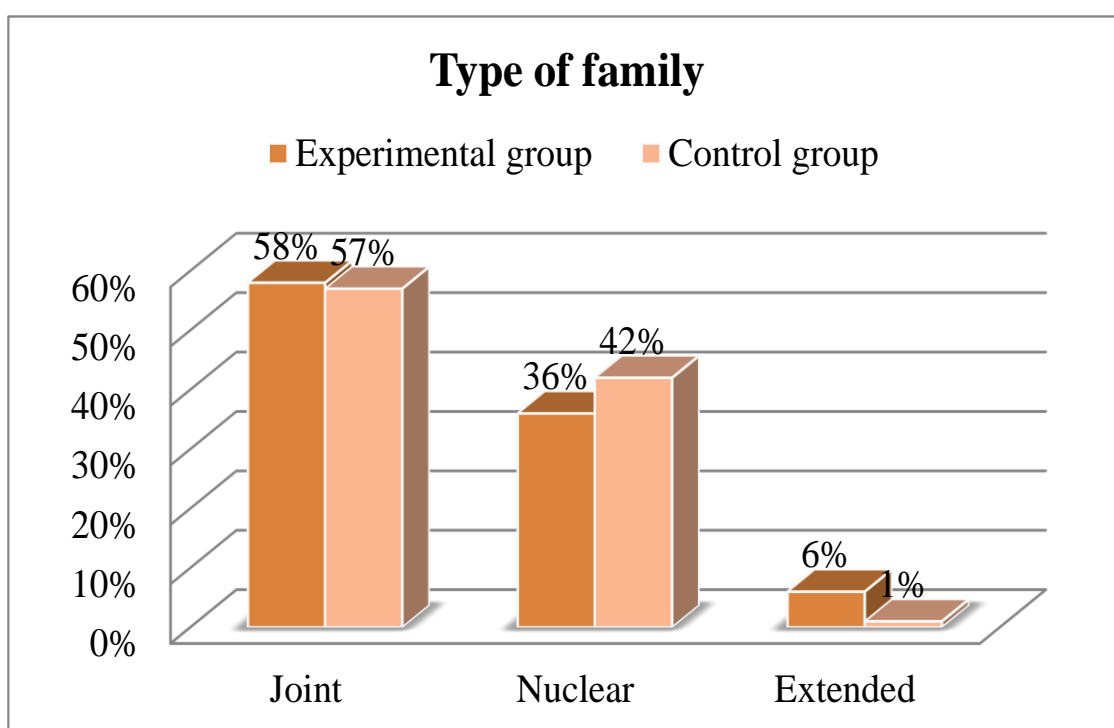


Figure:7 shows that in experimental group, 58% of them had joint family, 36% of them had nuclear family and 6% of them had extended family. In control group, 57% of them had joint family, 42% of them had nuclear family and 1% of them had extended family.

Figure: 8 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE ANTENATAL MOTHERS IN BOTH THE GROUPS ACCORDING TO GESTATIONAL WEEKS

N=200(100+100)

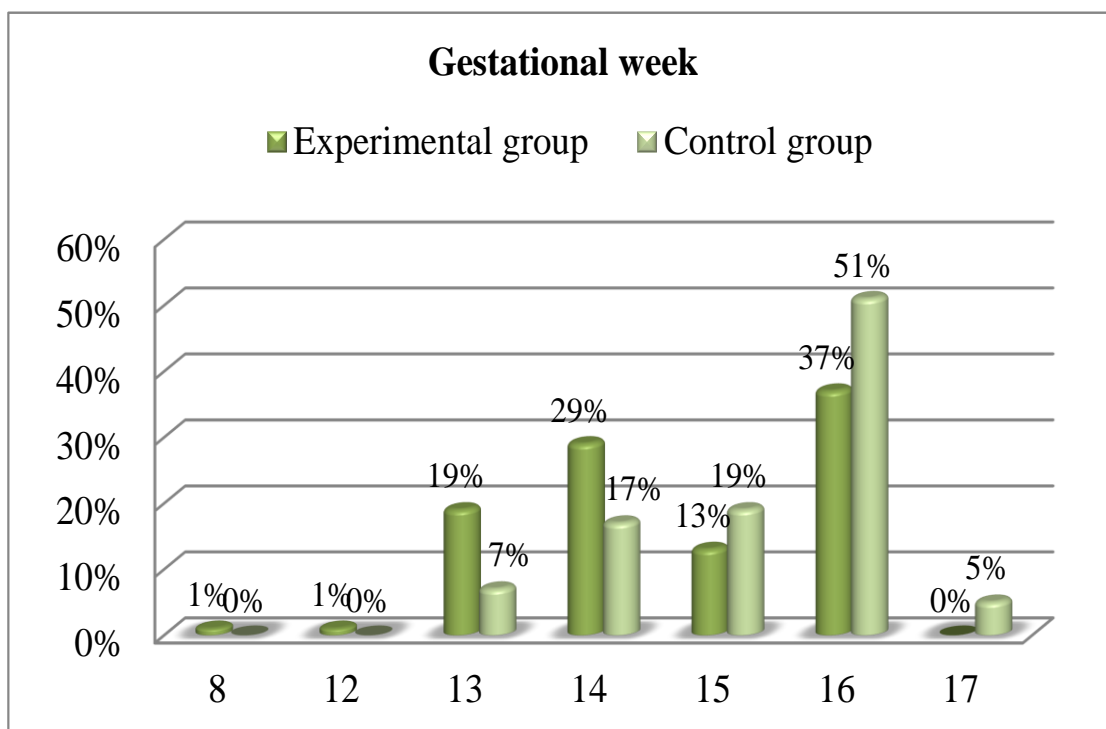


Figure: 8 shows that in experimental group, 1% of them had gestational age 8 weeks, 1% of them had 12 weeks of gestation, 19% of them had 13 weeks of gestation, 29% of them had 14 weeks of gestation, 13% of them had 15 weeks of gestation and 37% of them had 16 weeks of gestation. In control group, 7% of them had 13 weeks of gestation, 17% of them had 14 weeks of gestation, 19% of them had 15 weeks of gestation, 52% of them had 16 weeks of gestation and 5% of them had 17 weeks of gestation.

Figure: 9 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE ANTENATAL MOTHERS IN BOTH THE GROUPS ACCORDING TO PREVIOUS ABORTION

N=200(100+100)

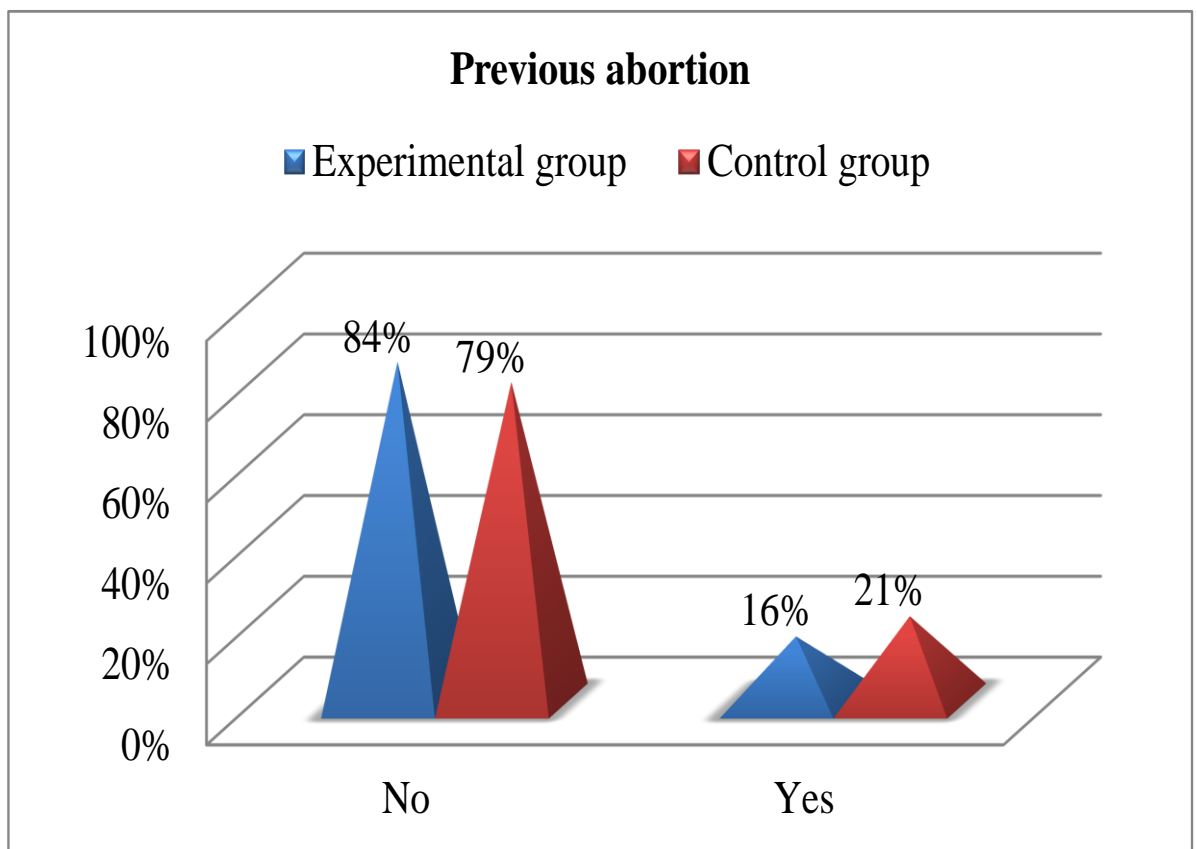


Figure:9 shows that in experimental group, 16% of them had previous abortion. In control group, 21% of them had previous abortion.

Figure: 10 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE ANTENATAL MOTHERS RELIGION

N=200(100+100)

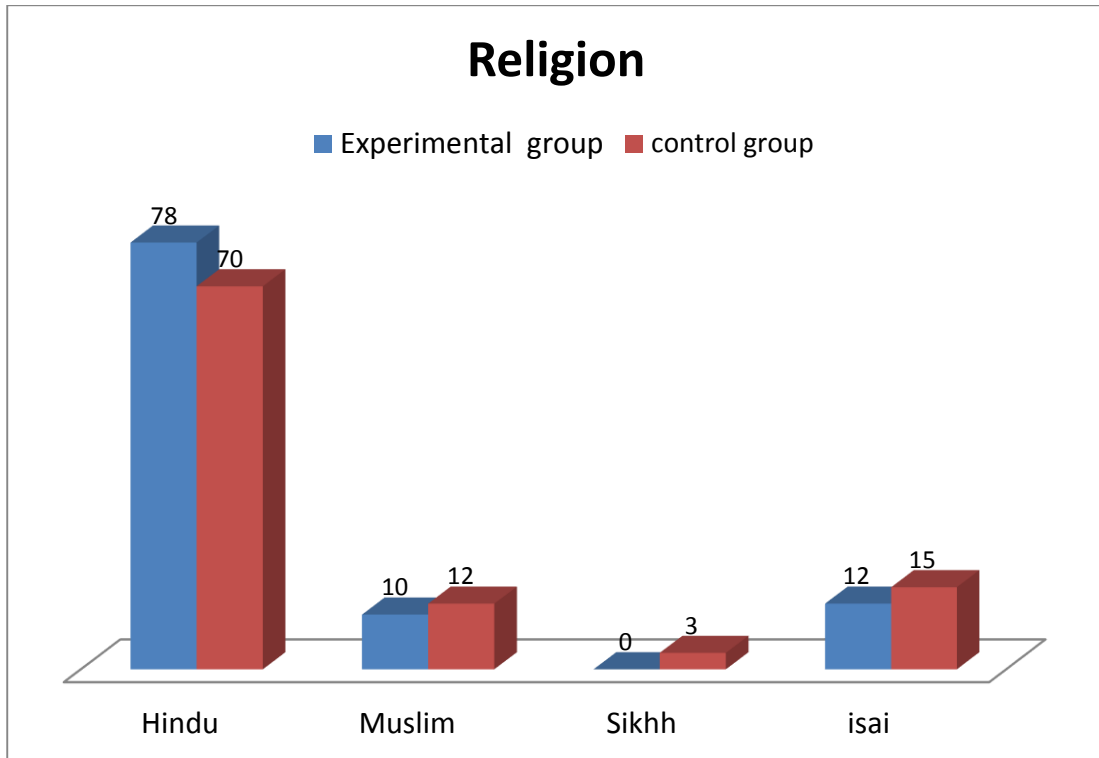


Figure:10 shows that in experimental group, 78% of them were Hindu, 10% of them were Muslim, 12% of them were Sikh, 12% of them were Isai, In control group, 70% of them were Hindu, 12% of them were Muslim, 3% of them were sikh, and 15% of them were Isai

Figure:11 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE ANTENATAL MOTHERS IN BOTH THE GROUPS ACCORDING TO THEIR HUSBANDS EDUCATION

N=200(100+100)

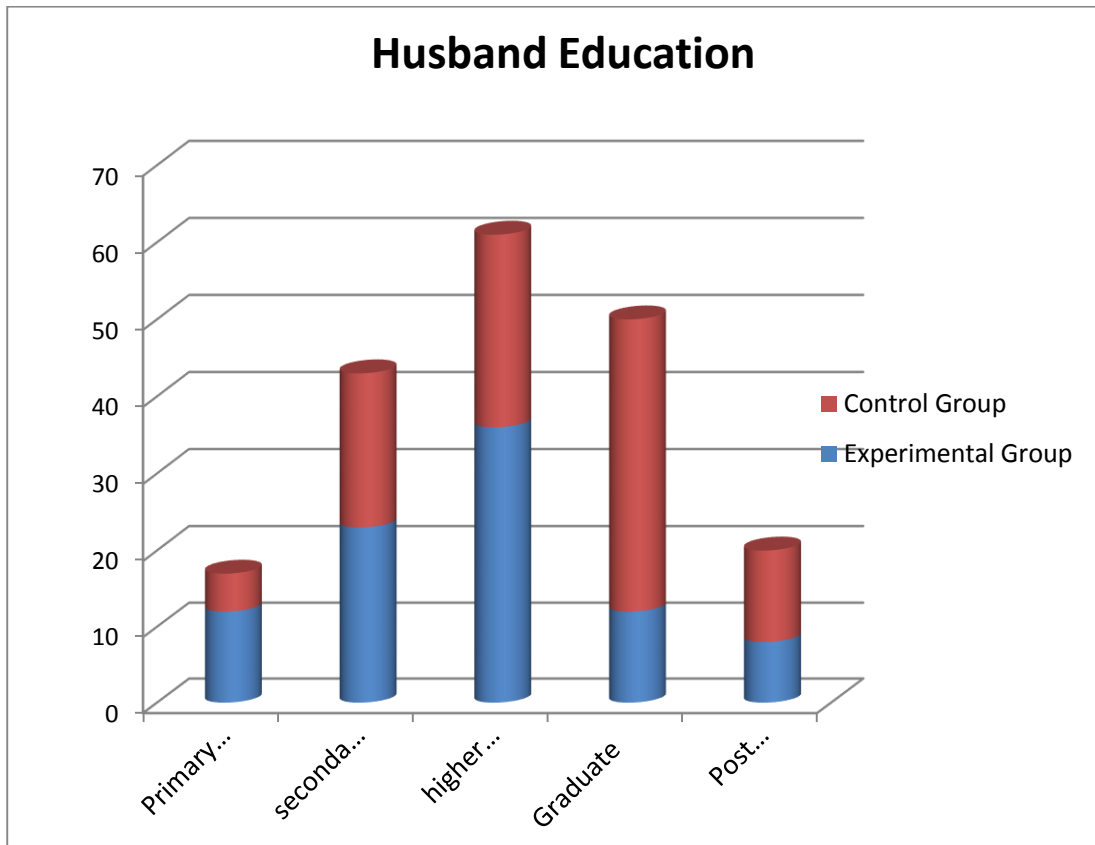


Figure:11 shows that in experimental group, 12% of them had primary education, 23% of them had secondary education, 36% of them had higher secondary education, 12% of them had graduation and 8% of them had post-graduation. In control group, 5% of them had primary education, 20% of them had secondary education, 25% of them had higher secondary education, 38% of them had graduation and 12% of them had post-graduation.

Figure:12 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE ANTENATAL MOTHERS IN BOTH THE GROUPS ACCORDING TO THEIR HUSBANDS OCCUPATION

N=200(100+100)



Figure:12 shows that in experimental group 20% of them had private service, 36% of them had government service, 34% of them were self-employed, 10% of them had some other occupation. 24% of them in control group had private service, 38% of them had government service, 36% of them were self-employed, and 8% of them had some other occupation.

Figure:13 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE ANTENATAL MOTHERS IN BOTH THE GROUPS ACCORDING TO THEIR LIVING AREA

N=200(100+100)

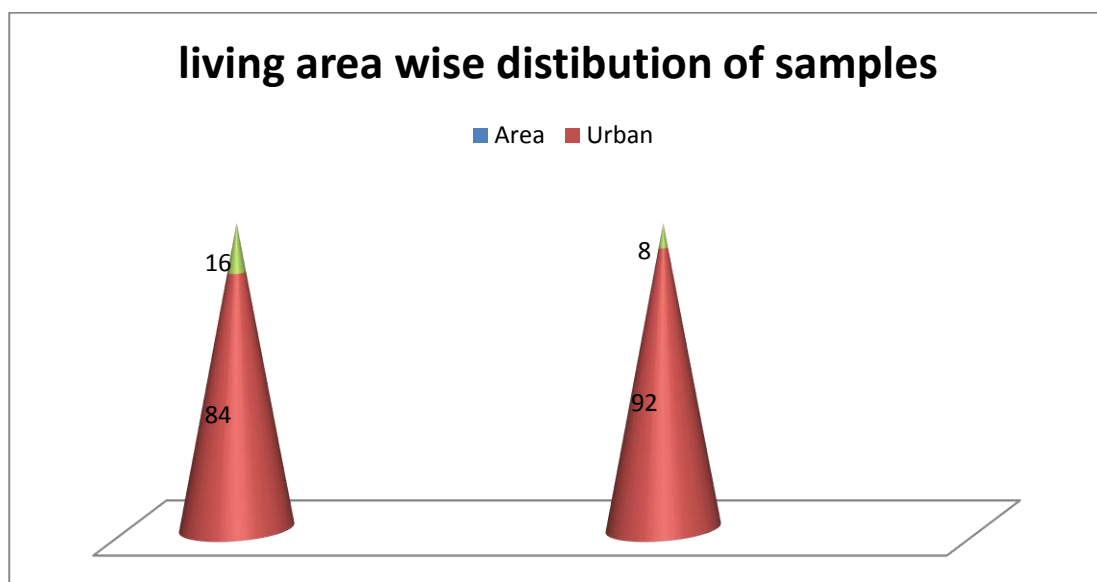


Figure:13 shows that in experimental group 84% were staying at urban area and 16% of them were staying at rural area but came for delivery and antenatal care at Pune. In control group 92% were staying at urban area and 8% of them were staying at rural area

Figure:14 BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF THE DECISION MAKING IN THE FAMILY IN BOTH THE GROUPS

N=200(100+100)

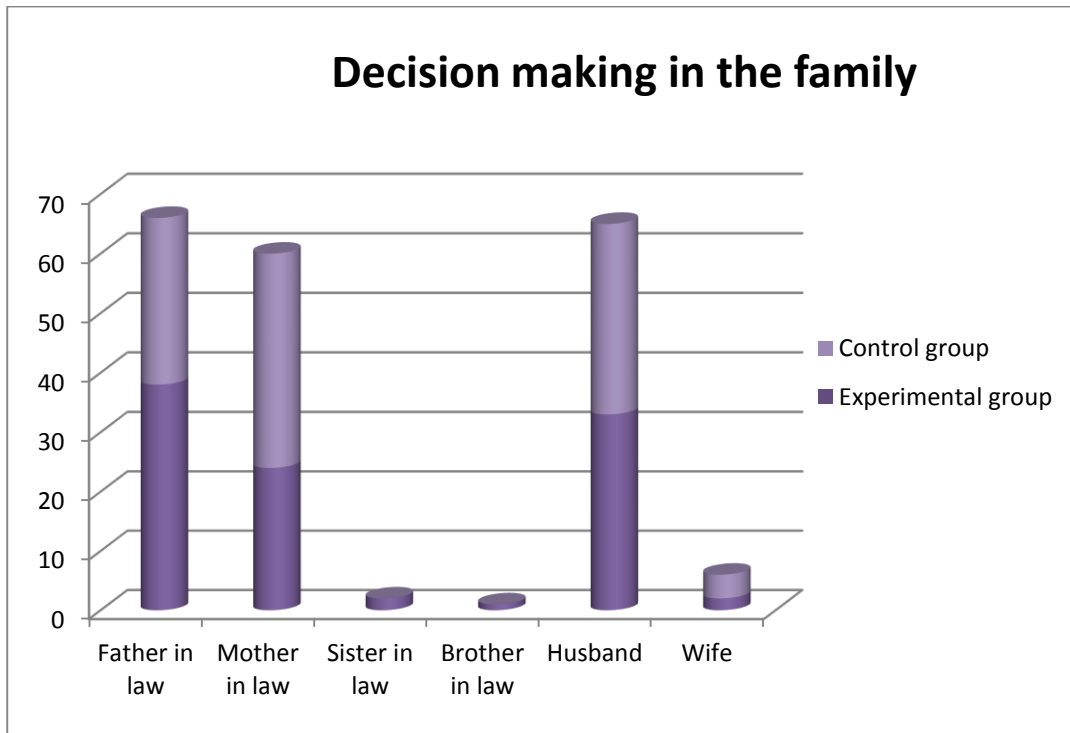


Figure:14 shows that in experimental group, 38% decision is taken by father in law,24% decision is taken by mother in law,2% decision is taken by sister in law,1% decision is taken by brother in law,33% decision is taken by husband,2% decision is taken by wife. In control group28% decision is taken by father in law, 36% decision is taken by mother in law,32% decision is taken by husband,4% decision is taken by wife

SECTION – I

PART - II

Table 2: ASSESSMENT OF PHYSIOLOGICAL PARAMETERS IN ANTENATAL MOTHERS IN EXPERIMENTAL GROUP

N=100

Physiological parameter	Admin	Mean	SD	T	DF	p-value
Weight	Pretest	50.5	6.3			
	Posttest1	51.4	6.5	1.5	99	0.063
	Posttest2	52.7	7.0	3.6	99	0.000
	Posttest3	54.4	7.0	6.2	99	0.000
	Posttest4	56.9	6.7	9.9	99	0.000
Pulse	Pretest	75.5	5.2			
	Posttest1	74.2	4.3	2.5	99	0.007
	Posttest2	74.4	3.8	2.3	99	0.011
	Posttest3	75.0	3.4	0.9	99	0.187
	Posttest4	74.9	3.0	1.2	99	0.120
BPD	Pretest	115.1	7.0			
	Posttest1	118.1	9.9	3.1	99	0.001
	Posttest2	120.8	7.8	6.0	99	0.000
	Posttest3	122.4	8.4	7.1	99	0.000
	Posttest4	121.5	7.6	7.1	99	0.000
BPS	Pretest	78.5	5.2			
	Posttest1	79.5	3.7	1.8	99	0.038
	Posttest2	81.4	4.0	5.1	99	0.000
	Posttest3	82.3	5.6	5.8	99	0.000
	Posttest4	81.6	5.5	4.4	99	0.000
Hb	Pretest	10.2	1.1			
	Posttest1	9.3	0.8	0.4	3	0.351
	Posttest2	11.1	0.9	2.3	20	0.016

	Posttest3	10.8	0.9	5.3	44	0.000
	Posttest4	11.1	1.3	2.8	21	0.006
FHS	Pretest	139.1	3.2			
	Posttest1	139.7	2.8	1.5	99	0.075
	Posttest2	139.8	3.7	1.5	99	0.068
	Posttest3	140.1	3.4	2.3	99	0.011
	Posttest4	140.1	3.0	2.4	99	0.010

Table 2 shows that the weight of the antenatal mothers after Garbha sanskar. Corresponding p-values in post test one were 0.063, post test two to four onwards Corresponding p-values were 0.000 which were small less than 0.05 .It shows that the weight of the antenatal mothers improved significantly after Garbha sanskar.

The pulse of the antenatal mothers in posttest1 and posttest2 Corresponding p-values were 0.007, 0.011. It shows the pulse of the antenatal mothers decreased in posttest1 and posttest2 significantly .In posttest3 and posttest-4 Corresponding p-values were 0.187, 0.120. It shows the difference in pulse is not significant.

The Systolic and Diastolic blood pressure of the antenatal mothers in posttest1, posttest2, posttest3. Posttest 4 Corresponding p-values were less than 0.005 which shows the Systolic and Diastolic blood pressure of the antenatal mothers were maintained.

The Hemoglobin of the antenatal mothers in posttest1, posttest2, posttest3. Posttest 4 Corresponding p-values 0.351, 0.016, 0.000, 0.006, this shows Hemoglobin of the antenatal mothers improved significantly.

The Fetal heart sound of the antenatal mothers in posttest1, posttest2, posttest3. Posttest 4 Corresponding p-values 0.075, 0.068, 0.011, 0.010. This shows Fetal heart sound of the antenatal mothers maintained significantly.

Garbha sanskar improved the physiological parameters of antenatal mothers significantly.

Table 3. ASSESSMENT OF PHYSIOLOGICAL PARAMETERS IN ANTENATAL MOTHERS IN CONTROL GROUP

N=100

Physiological parameter	Admin	Mean	SD	T	DF	p-value
Weight	Pretest	53.2	6.3			
	Posttest1	51.3	6.3	2.5	99	0.007
	Posttest2	52.4	6.1	1.8	99	0.040
	Posttest3	53.0	9.8	1.0	99	0.170
	Posttest4	56.1	6.1	4.5	99	0.000
Pulse	Pretest	77.3	7.8			
	Posttest1	67.4	5.8	10.3	99	0.000
	Posttest2	68.0	4.4	7.8	99	0.000
	Posttest3	67.8	5.2	8.9	99	0.000
	Posttest4	68.2	4.2	10.6	99	0.000
BPD	Pretest	119.7	10.7			
	Posttest1	122.3	10.1	1.8	99	0.039
	Posttest2	126.7	8.0	1.9	99	0.028
	Posttest3	125.0	7.7	1.3	99	0.103
	Posttest4	123.3	5.5	3.1	99	0.001
BPS	Pretest	79.4	8.6			
	Posttest1	82.8	7.4	3.1	99	0.001
	Posttest2	85.6	7.9	2.7	99	0.004
	Posttest3	84.2	7.1	1.9	99	0.028
	Posttest4	82.1	6.1	2.7	99	0.004
Hb	Pretest	10.2	1.1			
	Posttest1	8.3	0.8	0.4	3	0.351
	Posttest2	10.1	0.8	2.3	20	0.016
	Posttest3	9.3	0.8	0.4	3	0.213
	Posttest4	11.1	0.9	2.1	21	0.014
FHS	Pretest	139.9	2.1			
	Posttest1	138.7	3.5	2.8	99	0.003

	Posttest2	139.0	3.8	1.8	99	0.035
	Posttest3	139.4	3.8	1.7	99	0.050
	Posttest4	139.5	8.7	0.5	99	0.312

Table 3 shows that the weight of the antenatal mothers in control group. Corresponding p-values were 0.007, 0.040, 0.170, and 0.000 which shows weight of the antenatal mothers decreased in posttest1, posttest2 and posttest3 as compared to pretest. It increased in posttest4 significantly

The pulse of the antenatal mothers in control group, corresponding p-values were 0.000, 0.000, 0.000, 0.000. which shows pulse rate of the antenatal mothers decreased significantly.

The Systolic and Diastolic blood pressure of the antenatal mothers maintained in posttest1 and posttest2, In posttest3 and posttest4 the Systolic and Diastolic blood pressure of the antenatal mothers increased as per p values

The Fetal heart sound of the antenatal mothers in posttest1, posttest2, posttest3, Posttest 4 Corresponding p-values 0.003, 0.035, 0.050, 0.312.

SECTION II

Data analysis on level of stress before and after administration on selected aspects of Garbha Sanskar on antenatal mothers

Table 4: EFFECT OF GARBHA SANSKAR ON LEVEL OF STRESS IN EXPERIMENTAL GROUP

N =100

Score	Mean	SD	T	DF	p-value
Pretest	14.4	16.8			
Posttest1	12.5	9.4	10.8	99	0.000
Posttest2	11.6	6.8	18.5	99	0.000
Posttest3	11.4	6.5	20.1	99	0.000
Posttest4	10.2	5.0	23.6	99	0.000

Researcher applied paired t-test for comparison of stress of antenatal mothers before and after garbha sanskar. Mean of stress score in pretest was 14.4 which decreased to 12.5, 11.6, 11.4 and 10.2 in posttest1-posttest4 respectively. T-values for this comparison were 10.8, 18.5, 20.1 and 23.6. Corresponding p-values were of the order of 0.000, which were small (less than 0.05). Therefore the null hypothesis H_{01} is rejected. Stress of the antenatal mothers decreased significantly after garbha sanskar.

Table 5: COMPARISON OF STRESS SCORES IN EXPERIMENTAL AND CONTROL GROUPS

N=200

Score	Experimental group(100)		Control group (100)		z	p-value
	Mean	SD	Mean	SD		
Posttest1	12.5	18.4	22.2	20.4	3.5	0.000
Posttest2	11.6	20.2	34.1	18.4	8.2	0.000
Posttest3	11.4	20.0	37.3	18.6	9.5	0.000
Posttest4	10.2	18.6	40.5	17.2	12.0	0.000

Researcher applied two sample z-test for comparison of stress scores between experimental and control groups. In experimental group stress score is decreased 12.5 in posttest1, 11.6 in posttest2, 11.4 in posttest3 and 10.2 in posttest4. In control group stress score is 22.2 in posttest1, 34.1 in posttest2, 37.3 in posttest3 and 40.5 in posttest4. Since all the p-values were small (less than 0.05). Therefore the null hypothesis H_{01} is rejected. The stress in experimental group decreased significantly faster as compared to that in control group. Garbhasanskar is significantly effective for reducing stress scores of antenatal mothers.

SECTION III

Data Analysis on coping strategies before and after administration on selected aspects of Garbha Sanskar on antenatal mothers

Table 6 : EFFECT OF GARBHA SANSKAR ON COPING STRATEGIES IN EXPERIMENTAL GROUP

N =100

Score	Mean	SD	T	DF	p-value
Pretest	40.9	7.5			
Posttest1	54.6	4.8	14.4	99	0.000
Posttest2	56.1	5.7	17.0	99	0.000
Posttest3	57.1	6.2	18.1	99	0.000
Posttest4	61.3	5.6	22.1	99	0.000

Researcher applied paired t-test for comparison of coping of antenatal mothers before and after garbhasanskar. Average coping score in pretest was 40.9 which increased to 54.6, 56.1, 57.1 and 61.3 in posttest1-posttest4 respectively. T-values for this comparison were 14.4, 17, 18.1 and 22.1. Corresponding p-values were of the order of 0.000, which were small (less than 0.05). Therefore the null hypothesis H₀₂ is rejected. Coping of the antenatal mothers improved significantly after garbhasanskar.

Table 7: COMPARISON OF COPING STRATEGIES SCORES BETWEEN EXPERIMENTAL AND CONTROL GROUP

N=200

Score	Experimental group		Control group		z	p-value
	Mean	SD	Mean	SD		
Posttest1	13.7	9.5	6.5	15.5	11.1	0.000
Posttest2	15.2	8.9	7.2	15.9	12.3	0.000
Posttest3	16.2	8.9	6.6	15.4	12.8	0.000
Posttest4	20.4	9.2	5.9	15.9	14.3	0.000

Researcher applied two sample z-test for comparison of coping scores between experimental and control groups. Average improvement in coping score of experimental group is 13.7 in posttest1, 15.2 in posttest2, 16.2 in posttest3 and 20.4 in posttest4. The improvement in coping score of control group is 6.5 in posttest1, 7.2 in posttest2, 6.6 in posttest3 and 5.9 in posttest4. Z-values for this comparison are 11.1, 12.3, 12.8 and 14.3. Since all the p-values was small (less than 0.05). The copingstrategies adopted were better as compared to control group. Garbha sanskar was significantly effective in improving the coping scores of antenatal mothers.

SECTION IV

Data Analysis on wellbeing before and after administration of selected aspects on Garbha Sanskar on antenatal mothers

Table 8: EFFECT OF GARBHA SANSKAR ON WELLBEING IN EXPERIMENTAL GROUP

N=100

Score	Mean	SD	T	DF	p-value
Pretest	15.9	2.7			
Posttest1	16.2	2.0	0.8	99	0.216
Posttest2	17.1	1.2	3.6	99	0.000
Posttest3	17.3	1.9	4.3	99	0.000
Posttest4	17.7	1.7	5.7	99	0.000

Researcher applied paired t-test for comparison of wellbeing of antenatal mothers before and after garbhasanskar. Average wellbeing score in pretest was 15.9 which increased to 16.2, 17.1, 17.3 and 17.7 in posttest1-posttest4 respectively. T-values for this comparison were 0.8, 3.6, 4.3 and 5.7. Corresponding p-values were of the order of 0.000 for posttest2 onwards, which was small (less than 0.05). Therefore the null hypothesis H_0 is rejected. Wellbeing of the antenatal mothers improved significantly after garbhasanskar posttest2 onwards.

Table 9: COMPARISON OF WELLBEING SCORES BETWEEN EXPERIMENTAL AND CONTROL GROUP

N = 200

Admin	Experimental group		Control group		z	p-value
	Mean	SD	Mean	SD		
Posttest1	0.3	3.3	0.0	3.5	0.5	0.303
Posttest2	1.1	3.2	0.2	3.1	2.2	0.014
Posttest3	1.3	3.1	0.3	3.3	2.2	0.013
Posttest4	1.7	3.1	0.4	3.2	3.1	0.001

Researcher applied two sample z-test for comparison of improvement in wellbeing scores of experimental and control groups. Average improvement in wellbeing score of experimental group is 0.3 in posttest1, 1.1 in posttest2, 1.3 in posttest3 and 1.7 in posttest4. The improvement in coping score of control group is 0 in posttest1, 0.2 in posttest2, 0.3 in posttest3 and 0.4 in posttest4. Z-values for this comparison are 0.5, 2.2, 2.2 and 3.1. Since the p-values were small after posttest1 (less than 0.05). Therefore the null hypothesis H_{03} is rejected. The wellbeing in experimental group improved significantly higher as compared to that in control group. Garbhasanskar is significantly effective in improving the wellbeing scores of antenatal mothers.

SECTION V

Data Analysis related to association of stress, coping strategies and wellbeing with selected demographic variable

Table 10: ASSOCIATION OF STRESS LEVEL WITH SELECTED DEMOGRAPHIC VARIABLES

N =200

Demographic variable		Stress level			p-value
		Mild	Moderate	Severe	
Age	Below 20 year	4	3	7	0.008
	21-25 Years	17	35	34	
	26-30 Years	8	22	60	
	31-35 Years	1	2	7	
Parity	Primi	15	29	24	0.010
	Second	10	24	58	
	Third	5	9	23	
	Fourth	0	0	3	
Occupation	Private service	7	7	21	0.002
	Government service	0	1	11	
	Self employed	2	1	12	
	House wife	19	52	64	
	Others	2	1	0	
Monthly Family income	Less than 5000/month	1	6	12	0.000
	Rs.5001- 10,000/month	16	37	31	
	Rs.10, 001 – 15,000 /months	9	16	40	
	Rs.15, 001 – 20,000 /months	0	2	22	
	More than Rs. 20,000	4	1	3	
Education	Primary	5	5	9	0.003
	Secondary	7	36	28	
	Higher secondary	8	13	42	
	Graduate	8	6	25	
	Postgraduate	2	2	4	

Type of family	Joint	21	32	62	0.036
	Nuclear	9	24	45	
	Extended	0	6	1	
Gestational week	8	0	1	0	0.264
	12	1	0	0	
	13	6	8	12	
	14	6	15	25	
	15	5	6	21	
	16	11	32	45	
	17	1	0	4	
Previous abortion	No	23	58	82	0.008
	Yes	7	4	26	
religion	Hindu	25	16	40	0.000
	Muslim	40	1	19	
	Sikh	31	9	2	
	Isai	12	4	1	
Husband education	primary	2	6	4	0.003
	Secondary	8	36	28	
	Higher secondary	8	13	14	
	Graduate	5	5	26	
	Post graduate	7	2	3	
Husband occupation	Private	17	21	61	0.035
	Government	13	27	34	
	Self employed	9	8	12	
	Others	0	6	1	
Living area	Urban	17	43	50	0.006
	Rural	22	19	58	

Decision making in family	Father in-law	0	1	7	0.001
	Mother in-law	2	7	14	
	Sister in-law	7	1	11	
	Brother in-law	3	31	12	
	Husband	17	21	64	
	Wife	1	1	0	

Since p-values corresponding to age, parity, occupation, monthly family income, education, type of family, previous abortion, religion, husbands education, husbands occupation, living area, and decision making in the family are small (less than 0.05), the null hypothesis is rejected. Demographic variables age, parity, occupation, monthly family income, education, type of family, previous abortion, religion, husbands education, husbands occupation, living area, and decision making in the family were found to have significant association with stress of antenatal mothers. Stress with gestational week is not significantly associated as the p value is more than 0.05. This assessment was done using Fisher's exact test

Table 11: ASSOCIATION OF COPING STRATEGIES WITH SELECTED DEMOGRAPHIC VARIABLES

N=200

Demographic variable		Coping level			p-value
		Poor	Average	Good	
Age	Below 20 year	1	5	8	0.064
	21-25 Years	13	32	41	
	26-30 Years	6	20	64	
	31-35 Years	1	2	7	
Parity	Primi	9	31	28	0.008
	Second	8	20	64	
	Third	4	8	25	
	Fourth	0	0	3	
Occupation	Private service	4	9	22	0.002
	Government service	0	0	12	
	Self employed	2	1	12	
	House wife	13	48	74	
	Others	2	1	0	
Monthly Family income	Less than 5000/month	1	5	13	0.000
	Rs.5001- 10,000/month	12	36	36	
	Rs.10, 001 – 15,000 /months	6	14	45	
	Rs.15, 001 – 20,000 /months	0	1	23	
	More than Rs. 20,000	2	3	3	
Education	Primary	4	6	9	0.053
	Secondary	5	29	37	
	Higher secondary	4	16	43	
	Graduate	7	6	26	
	Postgraduate	1	2	5	
Type of family	Joint	16	31	68	0.016
	Nuclear	5	22	51	
	Extended	0	6	1	

Gestational week	8	0	1	0	0.079
	12	0	1	0	
	13	5	7	14	
	14	2	16	28	
	15	4	4	24	
	16	9	30	49	
	17	1	0	4	
Previous abortion	No	15	54	94	0.033
	Yes	6	5	26	
religion	Hindu	2	3	5	0.062
	Muslim	14	30	44	
	Sikh	4	22	66	
	Isai	1	4	5	
Husband education	primary	4	4	7	0.052
	Secondary	6	31	37	
	Higher secondary	3	18	45	
	Graduate	6	4	28	
	Post graduate	2	2	3	
Husband occupation	Private	6	6	74	0.004
	Government	12	42	22	
	Self employed	14	4	12	
	Others	1	1	0	
Living area	Urban	17	56	100	0.035
	Rural	4	3	20	
Decision making in family	Father in-law	5	12	1	
	Mother in-law	30	32	10	
	Sister in-law	12	5	2	

	Brother in-law	6	45	6	0.000
	Husband	1	24	0	
	Wife	3	2	2	

Since p-values corresponding to parity, occupation, and monthly family income, type of family, previous abortion, religion, husbands education, husbands occupation, living area, and decision making in the family are small (less than 0.05), the null hypothesis is rejected. Demographic variables parity, occupation, monthly family income, type of family, previous abortion, religion, husbands education, husbands occupation, living area, and decision making in the family were found to have significant association with coping strategies of antenatal mothers. Coping strategies with gestational week is not significantly associated as the p value is more than 0.05

Table 12: ASSOCIATION OF WELLBEING OF ANTENATAL MOTHERS WITH SELECTED DEMOGRAPHIC VARIABLES

N=200

Demographic variable		Wellbeing level		p-value
		Medium	High	
Age	Below 20 year	0	14	0.921
	21-25 Years	5	81	
	26-30 Years	4	86	
	31-35 Years	0	10	
Parity	Primi	2	66	0.599
	Second	4	88	
	Third	3	34	
	Fourth	0	3	
Occupation	Private service	1	34	0.016
	Government service	0	12	
	Self employed	1	14	
	House wife	5	130	
	Others	2	1	
Monthly Family income	Less than 5000/month	0	19	0.296
	Rs.5001- 10,000/month	6	78	
	Rs.10, 001 – 15,000 /months	2	63	
	Rs.15, 001 – 20,000 /months	0	24	
	More than Rs. 20,000	1	7	
Education	Primary	3	16	0.205
	Secondary	2	69	
	Higher secondary	2	61	
	Graduate	2	37	
	Postgraduate	0	8	
Type of family	Joint	8	107	0.163
	Nuclear	1	77	
	Extended	0	7	

Gestational week	8	0	1	0.302
	12	0	1	
	13	2	24	
	14	1	45	
	15	2	30	
	16	3	85	
	17	1	4	
Previous abortion	No	5	158	0.063
	Yes	4	33	
religion	Hindu	0	15	0.920
	Muslim	5	80	
	Sikh	3	89	
	Isai	1	7	
Husband education	primary	2	16	0.207
	Secondary	3	71	
	Higher secondary	2	59	
	Graduate	2	39	
	Post graduate	0	6	
Husband occupation	Private	1	70	0.594
	Government	5	84	
	Self employed	3	35	
	Others	0	2	
Living area	Urban	6	156	0.065
	Rural	2	35	
Decision making in family	Father in-law	1	30	
	Mother in-law	0	11	
	Sister in-law	1	5	

	Brother in-law	4	14	0.015
	Husband	1	130	
	Wife	1	1	

Since p-value corresponding to occupation, Decision making in family is small (less than 0.05), the null hypothesis is rejected. Demographic variable occupation, Decision making in family was found to have significant association with wellbeing of antenatal mothers. Wellbeing of antenatal mothers with age, parity, monthly family income, type of family, gestational week, previous abortion, religion, husbands education, husbands occupation, living area, are not significantly associated as the p value is more than 0.05

SUMMARY

This chapter deals with analysis and interpretation of data, objective of the study, research hypotheses, and organization of findings. Hypothesis for the study was there will be no significant difference between the selected aspect of garbhasanskar on the stress level, coping strategies, and wellbeing of antenatal mother. Weight and hemoglobin of antenatal improves after garbha sanskar other physiological parameters pulse, blood pressure and fetal heart sound maintains due to garbha sanskar.

To confirm that antenatal mother is practicing Garbha Sanskar scoring sheet is given to her for tick marking whenever she practices any aspects of garbhasanskar for example breathing, meditation, and relaxation. Scoring sheet is given to her after garbhasanskar is taught to her and after pretest is administered whenever antenatal mother used to come to outpatient department of Bharati hospital and Bharati Ayurvedic hospital for follow up feedback on garbhasanskar was taken by asking she is practicing garbha sanskar. Telephonic conversation is done with mother to confirm antenatal mother is practicing garbha sanskar.

Sarogate mother concept and garbhasanskar - Sarogate motherhood is assisted with reproductive technologies (ART) Women who agreed to carry a child up to birth of child. Women who agreed to carry someone else's baby are given to the intended parent.

Test tube baby – in vitro fertilization, in IVF fertilizing an egg outside the body, in a laboratory dish and the implanting it in a women's uterus.

During data collection researcher has not come across with surrogate mother and test tube baby. Garbha sanskar will have similar effect on surrogate mother and mother who is having test tube baby. Garbha sanskar will be more effective for them to be more positive thinking there is no disadvantages of garbhasanskar.

It has given space to antenatal mother for sharing her problems, fear, worry, anxiety. There were many doubts other than garbhasanskar .it was regarding pregnancy care , growth of baby, labour pain, caring of baby, regarding weight gain, diet, physiological changes , minor alignments , nausea, vomiting, backache, how to take care of discomfort related to pregnancy. It was given a platform for Antenatal mother to clear their doubts, and ventilate their feeling which has help them to open up and take things positively during practice of garbhasanskar many time antenatal mother used to sleep while meditation it has shown that she needs rest and relax environment.

Space for antenatal mother required to express her feeling, tell about family matters, problems she is facing and how to over- come from that problem.

Garbha sanskar is effective in reducing stress of antenatal mother. Coping and wellbeing of antenatal mother improves after garbhasanskar.

CHAPTER V

CASE STUDY, NARRATIVES AND LIFE HISTORIES

‘Eugenics’ is originally a greek word. In Greek ‘Eu’ means ‘good’ and ‘genesis’ means ‘creation’ i.e. birth. Therefore eugenics means science of good creation. Babies are being born for thousands of years. Everyone desires that their child souls be virtuous one and endowed with all perfect qualities. The science of procreating good children is known as Eugenics.

Since the fetus grows in the mother’s womb, her thoughts and actions, diet, and conduct. Beliefs and temperament, affect the fetus. Since the fetus cannot see the external world with its own eyes, it totally depends on the messages from the mother. The messages are in the forms of hormones. They are chemical signals. Hence the mother’s perception of the external world is important. Her feelings about the world being happy or boring, good or bad, indirectly reach the fetus. Thus the fetus goes on changing itself through these experiences, received via mother. On this background, research reveals that if mother’s personality is prone to take undue stress, extra sensitive, discontented, the fetus certainly has to bear the brunt of it! The fetus has to suffer, irrespective of reasons behind the stress. A Chinese research published in this regard, concludes-“unhappy moms may produce stupid babies!” meaning, stupid, dull children are born due to the mother’s discontented nature. Why do these children become stupid and dull? Due to maternal stress, the neuron in the foetus does not get connected properly. To avoid it, it is vital for the mother to change herself and adopt a contentful tendency. A mother with a pleasant personality, smiling, unenvying and showering selfless love to others, will undoubtedly give birth to a smart, brilliant and intelligent child.

It would be interesting to know the customs and traditions in this regard. For examples, in the Indian culture, the ceremony of ‘longings’ of the pregnant mother’ helps to keep the pregnant mother happy and contentful. The mother’s dispositions should be peaceful, enthusiastic, pleasant, free from fear and stress, at the same time she should wish for a balanced state and universal peace.

The baby in the womb is attached to its mother through the umbilical cord. So it receive chemical signals from the mother, accordingly forms its opinion. Apart from temperament, the other factors influencing the mother's state are the child's father and other family members. All these factors collectively affect the attitude of the mother. According to the mother's perception of the external environment, the message gets transmitted through her to the child. Hence, if the external environment is fearsome, the baby's growth is restricted, and if the same environment is conducive, it can lead to a healthy growth of the child.

The credit for conceiving and giving shape to the "prenatal education" concept truly goes to revered swami Vijnananand, the first thinker and experimenter of manashakti research centre. He implemented this concept prior to 1963. The concept of prenatal education is an exceptionally powerful one! Not only does it merely culture the future generation from prenatal stage, but it also brings about a positive change in the mindset in the preceding two generations!

BAD OBSTETRIC HISTORY

The patient was 32 years old working in a private firm as IT professional, married at her age of 29 years. She reported irregular menstrual cycle, 4-5/30-50, and had used contraceptive pills for contraception as within 1 year of their marriage they don't want a baby as they want to settle themselves first.

Her first pregnancy conceived at 30 years of age which ended with a spontaneous abortion at 10 weeks of gestation. They have given a 1 year gap after the abortion of first conception and started planning for a baby but unfortunately she landed up with secondary infertility. For that she consulted many people but did not get any fruitful result. During struggling for a baby she had undergone USG which reveals intrauterine benign tumor 2 × 1 cm, that was been operated and she was instructed not to take pregnancy for at least 6 months. Then she started taking infertility treatment and within 1 year she conceived spontaneously after treatment.

In the current pregnancy she was very cautious and left her job for a proper antenatal care. An ultrasound examination at the booking visit confirmed a single gestational sac in utero with CRL of 41 mm. On examination she was reassured that she was indeed pregnant and the cervix was tightly closed, pelvis adequate.

She was referred from infertility clinic to antenatal clinic for shared antenatal care until 34 weeks of gestation. She was screened for high risk pregnancy as elderly pregnancy with a bad obstetrical history and counseled for the same. At conception she was investigated for routine blood test which revealed normal results. She was instructed for regular checkups.

In the antenatal clinic she came across with the researcher and her Garbh Sanskar classes which she felt very supportive and soothing, stress relieve for her present condition of continuing high risk pregnancy. She assured that she was practicing the taught things in regular basis.

DECISION MAKING

Swapna Majhi, 22 years, a house wife, married at the age of 18 years. She became extremely weak during her pregnancy and she also doesn't know what to do after knowing that she is pregnant. She discussed regarding pregnancy with her family members, mother-in-law, and husband. Her family members told her to continue the pregnancy. Also mother-in-law felt very happy with the news of pregnancy told her to continue pregnancy. But her husband was totally against her pregnancy. He doesn't want children now. So he told her for abortion. He was a student of B.Ed. and had exams after two months so he wanted to give priority to his education and want to settle properly by doing job. So she was totally confused about her pregnancy. Then she again talked to parents about this whole conversation with her husband. She said them her husband did not have any positive opinion about pregnancy. She also told to mother-in-law about this all conversation between them. As to discuss and solve the dilemma her mother-in-law speaks with both about this pregnancy and asked to his son regarding the decision of refusing this pregnancy. Again he stated clearly the reasons behind his opinion which he had already spoken to his wife. Knowing all the conditions and pros and cons her mother and father both convinced him for continuation of the pregnancy of her wife and at the end with collaboration with all family members they had taken decision regarding pregnancy. But he told them that he doesn't know anything about pregnancy. His mother assured him that she will manage her throughout pregnancy and she suggested both of them to visit antenatal clinic for further guidelines.

While they had visited antenatal clinic for check-up and further guideline for pregnancy researcher came across with this patient and she was in confusion for not knowing what to do to continue and have a healthy outcome of pregnancy. Researcher talked to the patient and she appreciated her for the decision of continuing pregnancy. Researcher accompanied with doctors counseled and guided them properly for pregnancy. They felt comfortable with the interaction and they agreed to follow the instructions of the researcher and doctors.

She was registered in antenatal clinic and investigated for the routine checkup. Which reveals vital parameters at normal ranges i.e. B.P. was 110/80 mm of Hg and

pulse was 80 beats/min, weight was 46 kg. Gestational age and USG suggested 12 weeks pregnancy with a normal single fetus.

Mother was given instructions regarding diet. After examination researcher introduced her about garbha sanskar classes and it's importance in pregnancy. She felt it very supportive agreed to continue the practice at home. Researcher taught her about aspects of garbha sanskar classes that were breathing technique, meditation and relaxation technique and it's important in pregnancy. Researcher also observed her during practice. Researcher told her to continue this practice at home daily till delivery.

Researcher also told her for proper follow up regularly at antenatal clinic. She attended regular at antenatal visits accompanying with her mother-in-law. Her mother-in-law informed that she was practicing properly breathing technique, meditation, relaxation technique. She also appreciated that this was very helpful for the mother in pregnancy as primi mother and didn't harm any beliefs of any religion.

GENDER INEQUALITY AND UNCOOPERATIVE FAMILY

Scientifically speaking, each individual receives 23 pairs of chromosomes each from his/her mother and father. Out of these, the 23 chromosomes is known as 'sex chromosomes'. There are two types of sex chromosomes – 'X' and 'Y'. A female has two chromosomes – XX, while a male has both types i.e. X Y. At the moment of conception, one sex chromosome each from the woman and the man unite to determine the sex of the fetus. When the X chromosome in the woman and the Y chromosome in the man unite, a 'boy' is born. Whereas, if the X chromosome from both unite, a 'girl' is born. That is to say that instead of a woman, the man is solely responsible for the birth of a girl-child, because only the male carries both X and Y chromosomes.

Seema patil, 28yrs, married in middle class family. She had 4 children all are girls. She was pregnant and this is her fifth pregnancy. Her family want a boy in family so they forced her to continue the pregnancy for the sake of boy.

Her husband was a driver,they lived in village and had good agriculture. She had a big joint family. Her family members believed that having son leads to have higher economic utility as they can provide additional labour in agricultural, religious practices, which can only perform by male for their parents. On a contrary they viewed girls as burden on family because they would leave family after marriage and they also had to give dowry. Their family was giving more preference clearly to the male children. Patient had poor health, so after third child she wanted to take birth control measures but due to her husband and family she can't stop this.

Than with her husband she came to antenatal clinic for check-up and further guideline for present pregnancy. She registered there. Researcher talked to the patient and she felt comfortable during talk. Researcher and doctors guided them properly about pregnancy. Their proper examination carried out. Vital parameters were normal that was B.P. 120/90 mm of Hg and pulse was 80 beats/min, weight was 50 kg.

Obstetrical examination reveals her gestational age as 11 weeks. Also sonography was suggesting normal singleton fetus. After examination researcher counseled her for garbhsanskar classes and its importance in pregnancy. She felt it very supportive to her so she agreed for this class. Then researcher taught her about aspects of garbha sanskar classes that were breathing technique, meditation and relaxation technique and its importance in pregnancy. Researcher also observed her during practice. Researcher told her to continue this practice at home daily till delivery. Researcher also advised her for regular follow up at antenatal clinic. She visited regularly at antenatal clinic with her husband. She told us that she was practicing breathing technique, meditation, relaxation technique regularly and it helped her throughout her pregnancy.

HIGHLY EDUCATED WIFE

Mrs. Sita, 27 year's master in arts from rural area married with farmer of the same area who had completed only his primary education. She is very hard working and supportive lady for family. Always ready to help all members in every situation. But her family members not respond her properly as she is well educated and intelligent woman. She lived in joint family and family members had negative attitude towards her education. She also not felt comfortable with her husband and always remain tensed and worried related to her husband's educational level. Mrs. Sita after marriage 2 times came back to mother's house because she was unable to adjust in that family and unable to cope with the situations. After confirmation of pregnancy, she told to everyone regarding her pregnancy and everyone started talking to her properly and started taking care of her. But she was also tensed because her husband was not taking any initiative and not giving his opinion, suggestions related to pregnancy and further process.

So she came to stay at her mother's home attended antenatal clinics there. She was registered there. Researcher talked to the patient and she felt comfortable. Also researcher with help of doctors guided them properly about pregnancy. There proper examination was carried out. Vital parameters were normal that was B.P. was 120/80 mm of Hg and pulse was 76 beats/min, weight was 52 kg.

Her gestational age was 13 weeks. Sonography had shown normal singleton foetus. After examination researcher introduced her about garbha sanskar classes and its importance in pregnancy. She felt it very supportive and agreed for this class. Then researcher taught her about aspects of garbha sanskar classes that were breathing technique, meditation and relaxation technique and it's important in pregnancy. Researcher also observed her during practice. Researcher told her to continue this practice at home daily till delivery. Researcher also told her for proper follow up regularly at antenatal clinic. She came regularly at antenatal clinic with her mother and mother-in-law and always communicates treatment related to her Stress and coping strategies for her. Researcher also observed her during practice. Researcher told her to continue this practice at home daily till delivery. Researcher also advised her for regular follow up at antenatal clinic. She visited regularly at antenatal clinic with her husband.

She told us that she was practicing breathing technique, meditation, relaxation technique regularly and it helped her throughout her pregnancy. After completion at term she has delivered normally a boy baby.

MUSLIM RELIGION CASE STUDY

Mumtaj sheikh, 30yrs, a house wife. She had two children one was of 6 years and another one was of 3years. Her husband was a businessman. She had joint family having 8 members in family. This was her 4th pregnancy and but she had history of abortion of 2nd pregnancy. She was very stressed and also depressed due to this pregnancy. But she had good family support during pregnancy.

Her family believed that carrying, and then raising, a child is one of the greatest gifts Allah can bestow upon a woman. She and her family members with collaboratively taken decision about pregnancy. Her husband was busy person but he had a belief that Islam teaches that a pregnant woman's husband should be deeply involved in her care, ensuring that she receives proper nutrition and providing the medical care and facilities needed for a happiest outcome of delivery. Their family members also believed that a pregnant woman's nutritional habits, physical and psychological state can have enormous influences on a child developing in her womb, So she was taking proper diet at home according to their Muslim culture that is yogurt, lean halal protein source, broccoli, oatmeal, beans, nuts and green leafy vegetables etc.

But she was reluctant to attend antenatal clinics as she feels fear of internal examinations from male doctors and less privacy maintenance. Also she had thought that midwives kept them behind in row for check-up because they use to have too many children. She also had thought of depression, stress, and pain can affect growth and development of foetus. So due to these thoughts she don't want to go to visit antenatal clinics.

She explained everything to her husband and her husband encouraged her to go to antenatal clinic, he would be coming with her at clinic. Than with her husband she came to antenatal clinic for check-up. She was registered there. Researcher talked to the patient and she felt comfortable during talk and she also understands Marathi so there was no problem in understanding researcher's advice. Researcher collaboratively with doctors guided them properly about pregnancy. Their proper examination carried out. Vital parameters were normal that was B.P. was 130/90 mm of Hg and pulse was 84 beats/min, weight was 60 kgs.

Her gestational age was 16 weeks. Sonography shown normal singleton foetus. After examination researcher introduced her about garbhsanskar classes and it's importance in pregnancy. She felt it very supportive to her so she and her husband agreed for this class. Then researcher taught her about aspects of garbhsanskar classes that were breathing technique, meditation and relaxation technique and it's importance in pregnancy. Researcher also observed her during practice. Researcher told her to continue this practice at home daily till delivery. Researcher also told her for proper follow up regularly at antenatal clinic. She came regularly at antenatal clinic with her mother-in-law. She told us that she was doing properly breathing technique, meditation, relaxation technique. She never left to do this at home and her experienced was garbha sanskar as helped to achieve physical, mental, spiritual, emotional and social development of the mother and baby.

UNPLANNED PREGNANCY

Pregnancy is not a welcome occurrence for women who do not want to become pregnant. It requires planning and should be voluntary well throughout decision. It is women who have to carry the baby in her womb for next nine month. Parents have to be the tremendous responsible for rearing child. Conception is only the first step on the long journey of parenthood. Unplanned positive test results bring a big stress in life of a woman. Woman is pregnant but not happy.

A 28 yrs working mother struggling to care for 2 yr son. She missed her two periods which were regular, she has undergone a pregnancy test. That reveals positive results of pregnancy she was shocked which was not expected by her to be pregnant.

She is working as a school teacher and husband was working in private sector in IT department, so both of them cannot give proper time to baby, hence the baby has to be kept in day care center. In this situation the lady doesn't want to be pregnant soon with this busy schedule of both of them and the small baby. In the dilemma whether to keep the baby or not, where the 1st baby was too small, driven her to consult with one of her friend who has been undergone abortions for 4 times. She came to know from her friend that abortion is not a painful procedure.

Terminating pregnancy is major decision one have to take. It was inconvenient to have one, but not planned, becomes hard give it a good life after it is born. Thinking all aspects she was preparing herself mentally for the abortion. For further management she came to hospital where she came across the Garbha sanskar classes which was planned for the ANC mothers. She undergone 2 Garbha sanskar classes and changed her mind to continue the pregnancy.

She was investigated for routine check-ups for pregnancy. That reveals blood count that reveals normal findings. She continued the practice of the things that are taught to her during Garbha sanskar classes.

She was delivered normally baby Girl weighing 3kg. She was very happy after the delivery and loved baby very much. She was pleased to have Garbha sanskar classes and

given feedback that it was helpful for her throughout pregnancy and she faced less trouble during pregnancy from the previous one.

POOR SOCIO ECONOMICAL CASE STUDY

This 19 yrs old mother was brought to the antenatal clinic by an untrained dai, who conducts delivery in the slum area of Mutha. Neither she nor the partner were employed. They hardly meet their needs of daily living for 4 people in family as they are living in joint family. Their daily living resource is the support of the neighbors, begging or sometimes working as daily worker. She missed her period for consecutive 4 months at first they were not bothered about the missed period as the mother was having irregular menstrual cycle. But watching the symptoms of pregnancy (nausea, vomiting, and swelling of foot) the neighbors forced her to check for pregnancy. One of the neighbors helped her and done her pregnancy test by using kit that reveals positive. She failed to attend for her 2 visits to nearby antenatal clinic due to financial problem. She was undernourished, edema over legs. Pregnancy leads to financial and housing difficulties as well as change in relationship with parent's relatives, friends. There were lots of fights in their home due to this pregnancy and with the thought of expenses and the woman had to forcefully leave the home and sent to her mother's home. Initially her response to pregnancy had been to request for termination. She was under stress with the family fights and economical problems.

Although help from social workers would be invaluable in such circumstances. Her mother approached to a social worker of that slum area for abortion. Watching the condition of mother the social worker brought her to antenatal clinic at her 17 weeks gestation as defined from the date of last menstrual period.

The health of the parents is directly responsible with the health of the child. This surrounding environment, activities infact everything the mother is exposed during the pregnancy directly effects the fetus. Her investigation reveals Hb 8 gm%,

undernourished, BP 140/90 mm of Hg, weighing 45 kgs. USG showing a singleton fetus expected weight +_800 Gms.

Researcher came across the mother and listen to her story. She explained her about Garbha sanskar and counsel her for the practice of Garbha sanskar as it doesn't require high expenses though it is helpful for her in coping with the pregnancy situation and for healthy outcome of pregnancy.

She has attended Garbha sanskar classes and practiced regularly by support and reinforcement from her mother. They were so happy with the classes that the mother tells everyone in their locality regarding the classes and refer them to attend the same.

SUMMARY

In case study method – In the antenatal clinic pregnant mother came across with the researcher and her Garbha Sanskar classed which they felt very supportive and soothing, stress relieve for her present condition of continuing high-risk pregnancy. Antenatal mother assured that she was practicing Garbha Sanskar.

Antenatal mother told that she was doing properly breathing technique, meditation, relaxation technique her experience was Garbha Sanskar helped to achieve physical, mental, spiritual, emotional, and social development of the mother and baby.

CHAPTER VI

CONCLUSION AND RECOMMENDATIONS

“There is one thing even more vital to science than intelligent models and that is the sincere desire to find out the truth; whatever it may be “

This chapter deals with the summary and discussion of the findings of the study, its implications to Nursing and recommendations for future research in this field, recommendation & limitation of the study.

The objectives of Garbha Sanskar technique is to create a healthy, good looking, brilliant, cultured, peace loving and free from hereditary disorders progeny for the future. In this study objective of garbha sanskar is to reduce stress and improve coping and wellbeing of antenatal mother. Since ancient times it has been known that the child in the womb adopts impressions from its surroundings and the behavior of its mother and also starts learning things. This fact has now been confirmed by modern science. The health of the parents is directly responsible for the health of a child. Not only their physical health, but also their psychological and spiritual health affects the child in the womb. The surrounding environment, the food, the activities, positive or negative thinking, in fact everything the mother is exposed to during the pregnancy directly affects the child. In Garbha Sanskar technique we teach to correct all the related things in positive manner to get best results in fetus.

The findings of present study are discussed on the basis of demographic characteristics and objectives.

OBJECTIVES OF THE STUDY

1. To assess the level of stress before and after administration of selected aspects of Garbha Sanskar on antenatal mothers
2. To identify the coping strategies before and after administration of selected aspects of Garbha Sanskar on antenatal mothers

3. To assess the level of wellbeing before and after administration of selected aspects of Garbha Sanskar on antenatal mothers
4. To correlate the effect of Garbha Sanskar with selected physiological parameters.
5. To associate the findings with selected demographic variables.

The research method adopted for the study was a quantitative research approach. The research design selected for this study was a "time series design". A non - probability purposive sampling method was used for the selection of the representative samples for the study. Data was collected from 200 Antenatal mothers who have completed 12 weeks gestation Study instruments used by the researcher consisted of following sections.

The data collection tool for the present study was

Section I - Demographic data and Physiological parameters –

Part-I -Dealt with structured questioners for baseline data includes , Demographic variables of Mother were Age, education, type of family,gravida, working Status, Family Income,weeks of gestation, History of abortion,Religion, husbandseducation, husbands occupation ,Living area, , decision making in the family..

Part (II) –Physiological parameters includes mother’s weight, pulse, Blood pressure, Hemoglobin

Section II -stress scoring sheet which include physical stress, psychological stress, financial stress, frustration and self perceptionduring pregnancy.

Section III - coping strategies–includes 23 items

Section IV - well being of antenatal – includes 20 items

SUMMARY

This tool was validated by 29 different experts. Pretesting of the tool was conducted to establish the reliability on 20 samples. Spilthalf reliability was used to establish the reliability of stress, coping strategies and wellbeing. . As the value of $r=0.81$ for stress, reliability of coping strategies is $r=0.95$ and also reliability of wellbeing is $r=0.$

Pilot study was conducted on 20 samples to establish the feasibility of the study. The subjects of the pilot study were excluded from the final study.

Administrative permission was taken from the authority of selected hospitals of city and the required samples were selected on the basis of non probability purposive sampling method.

The investigator approached the subjects, informed regarding the objectives of the study and obtained the consent after assuring the subjects about the confidentiality of the data.

The data was collected through structured questionnaire and observations for physical parameters interpretation was based on the objectives designed for the study.

MAJOR FINDINGS OF STUDY

The major findings of the study are,

SECTION- I

Description of Demographic data and Physiological parameters

Part-(I) - Dealt with structured questionnaires for baseline data includes , Demographic variables of Mother were Age, education, type of family,gravida, working Status, Family Income, weeks of gestation, History of abortion,Religion, husbands education, husbands occupation ,Living area, , decision making in the family..

Part (II) –Physiological parameters includes mother’s weight, pulse, Blood pressure, Hemoglobin

PART –I DEMOGRAPHIC DATA

The following were the major findings of the study more than half (56%) of the antenatal mothers in experimental group had age 21-25 years, 33% of them had age 26-30 years, 8% of them had age below 20 years and 3% of them had age 31-35 years. More than half (57%) of the antenatal mothers in control group had age 26-30 years, 30% of them had age 21-25 years, 6% of them had age below 20 years and 7% of them had age 31-35 years.

45% of them from experimental group had first parity, 36% of them had second parity, 18% of them had third parity and 1% of them had fourth parity. 23% of them from control group had first parity, 56% of them had second parity, 19% of them had third parity and 2% of them had fourth parity.

Majority of 16% of them in experimental group mother had private service, 3% of them had government service, 1% of them were self-employed, 78% of them were housewives and 2% of them had some other occupation. 19% of them in control group had private service, 9% of them had government service, 14% of them were self-employed, 57% of them were housewives and 1% of them had some other occupation.

Majority of them in experimental 10% of them had family income less than Rs. 5000/month, 57% of them had family income Rs.5001-10000, 24% of them had family income Rs. 10001-15000/month, 4% of them had income Rs. 15001-20000 and 5% of them had family income more than Rs. 20000 per month. In control group, 9% of them had family income less than Rs. 5000/month, 27% of them had family income Rs.5001-10000, 41% of them had family income Rs. 10001-15000/month, 20% of them had income Rs. 15001-20000 and 3% of them had family income more than Rs. 20000 per month

Majority of them in experimental group 47% of them had secondary education, 24% of them had higher secondary education, 19% of them had graduation and 5% of them had post-graduation. In control group, 14% of them had primary education, 24% of them had secondary education, 39% of them had higher secondary education, 20% of them had graduation and 3% of them had post-graduation.

Majority of them in experimental group, 58% of them had joint family, 36% of them had nuclear family and 6% of them had extended family. In control group, 57% of them had joint family, 42% of them had nuclear family and 1% of them had extended family.

Out of 100 mothers in experimental group, 1% of them had gestational age 8 weeks, 1% of them had 12 weeks of gestation, 19% of them had 13 weeks of gestation, 29% of them had 14 weeks of gestation, 13% of them had 15 weeks of gestation and 37% of them had 16 weeks of gestation. In control group, 7% of them had 13 weeks of

gestation, 17% of them had 14 weeks of gestation, 19% of them had 15 weeks of gestation, 52% of them had 16 weeks of gestation and 5% of them had 17 weeks of gestation.

Out of 100 mothers in experimental group, 16% of them had previous abortion. In control group, 21% of them had previous abortion.

Majority of them in experimental group, 78% of them were Hindu, 10% of them were Muslim, 12% of them were Sikh, 12% of them were isai, In control group, 70% of them were Hindu, 12% of them were Muslim, 3% of them were sikh, and 15% of them were isai

Out of 100 mothers in experimental group, 12% of them had primary education, 23% of them had secondary education, 36% of them had higher secondary education, 12% of them had graduation and 8% of them had post-graduation. In control group, 5% of them had primary education, 20% of them had secondary education, 25% of them had higher secondary education, 38% of them had graduation and 12% of them had post-graduation.

Out of 100 mothers in experimental group 20% of them had private service, 36% of them had government service, 34% of them were self-employed, 10% of them had some other occupation. 24% of them in control group had private service, 38% of them had government service, 36% of them were self-employed, and 8% of them had some other occupation.

Majority of them in experimental group 84% were staying at urban area and 16% of them were staying at rural area. In control group 92% were staying at urban area and 8% of them were staying at rural area

Out of 100 mothers in experimental group, 38% decision is taken by father in law, 24% decision is taken by mother in law, 2% decision is taken by sister in law, 1% decision is taken by brother in law, 33% decision is taken by husband, 2% decision is taken by wife. In control group 28% decision is taken by father in law, 36% decision is taken by mother in law, 32% decision is taken by husband, 4% decision is taken by wife

Part II – PHYSIOLOGICAL PARAMETERS

Findings regarding Assessment of Physiological parameters in antenatal mothers in experimental group

Weight of the antenatal mothers after Garbha sanskar. Corresponding p-values were 0.063, 0.000, 0.000, 0.000 which were small less than 0.05. It shows that the weight of the antenatal mothers improved significantly after Garbha sanskar.

The pulse of the antenatal mothers in posttest1 and posttest2 Corresponding p-values were 0.007, 0.011. It shows the pulse of the antenatal mothers decreased in posttest1 and posttest2 significantly in posttest3 and posttest-4 Corresponding p-values were 0.187, 0.120. It shows the difference in pulse is not significant.

The Systolic and Diastolic blood pressure of the antenatal mothers in posttest1, posttest2, posttest3, Posttest 4 Corresponding p-values were less than 0.005 which shows the Systolic and Diastolic blood pressure of the antenatal mothers were maintained.

The Hemoglobin of the antenatal mothers in posttest1, posttest2, posttest3, Posttest 4 Corresponding p-values 0.351, 0.016, 0.000, 0.006, this shows Hemoglobin of the antenatal mothers improved significantly.

The Fetal heart sound of the antenatal mothers in posttest1, posttest2, posttest3, Posttest 4 Corresponding p-values 0.075, 0.068, 0.011, 0.010. This shows Fetal heart sound of the antenatal mothers maintained significantly.

Garbha sanskar improved the physiological parameters of antenatal mothers significantly.

Findings regarding Assessment of Physiological parameters in antenatal mothers in control group

weight of the antenatal mothers in control group Corresponding p-values were 0.007, 0.040, 0.170, 0.000 which shows weight of the antenatal mothers decreased in posttest1, posttest2 and posttest3 as compared to pretest. It increased in posttest4 significantly

The pulse of the antenatal mothers in control group, corresponding p-values were 0.000, 0.000, 0.000, 0.000, which shows pulse rate of the antenatal mothers decreased significantly.

The Systolic and Diastolic blood pressure of the antenatal mothers maintained in posttest1 and posttest2, In posttest3 and posttest4 the Systolic and Diastolic blood pressure of the antenatal mothers increased as per p values

The Fetal heart sound of the antenatal mothers in posttest1, posttest2, posttest3, Posttest 4 Corresponding p-values 0.003, 0.035, 0.050, 0.312.

SECTION II

Effect of Garbha Sanskar on level of stress in experimental group

Mean of stress score in pretest was 14.4 which decreased to 12.5, 11.6, 11.4 and 10.2 in posttest1-posttest4 respectively. T-values for this comparison were 10.8, 18.5, 20.1 and 23.6. Corresponding p-values were of the order of 0.000, which were small (less than 0.05). Therefore the null hypothesis (H₀) is rejected. Stress of the antenatal mothers decreased significantly after garbha sanskar.

Comparison of stress scores in experimental and control groups

Z-test was applied for comparison of stress scores between experimental and control groups. In experimental group stress score is decreased 12.5 in posttest1, 11.6 in posttest2, 11.4 in posttest3 and 10.2 in posttest4. In control group stress score is 22.2 in posttest1, 34.1 in posttest2, 37.3 in posttest3 and 40.5 in posttest4. Since all the p-values were small (less than 0.05). Therefore the null hypothesis (H₀) is rejected. The stress in experimental group decreased significantly faster as compared to that in control group. Garbha sanskar is significantly effective for reducing stress scores of antenatal mothers.

SECTION III

Effect of Garbha Sanskar on coping strategies in experimental group

Paired t-test was applied for comparison of coping of antenatal mothers before and after garbha sanskar. Average coping score in pretest was 40.9 which increased to 54.6, 56.1, 57.1 and 61.3 in posttest1-posttest4 respectively. T-values for this

comparison were 14.4, 17, 18.1 and 22.1. Corresponding p-values were of the order of 0.000, which were small (less than 0.05). Therefore the null hypothesis (H0) is rejected. Coping of the antenatal mothers improved significantly after garbha sanskar

Comparison of coping strategies scores between experimental and control group

z-test was applied for comparison of coping scores between experimental and control groups. Average improvement in coping score of experimental group is 13.7 in posttest1, 15.2 in posttest2, 16.2 in posttest3 and 20.4 in posttest4. The improvement in coping score of control group is 6.5 in posttest1, 7.2 in posttest2, 6.6 in posttest3 and 5.9 in posttest4. Z-values for this comparison are 11.1, 12.3, 12.8 and 14.3. Since all the p-values were small (less than 0.05). Therefore the null hypothesis (H0) is rejected. The coping in experimental group improved significantly higher as compared to that in control group. Garbha sanskar is significantly effective in improving the coping scores of antenatal mothers.

SECTION IV

Effect of Garbha Sanskar on wellbeing in experimental group

paired t-test was applied for comparison of wellbeing of antenatal mothers before and after garbha sanskar. Average wellbeing score in pretest was 15.9 which increased to 16.2, 17.1, 17.3 and 17.7 in posttest1-posttest4 respectively. T-values for this comparison were 0.8, 3.6, 4.3 and 5.7. Corresponding p-values were of the order of 0.000 for posttest2 onwards, which were small (less than 0.05). Therefore the null hypothesis (H0) is rejected. Wellbeing of the antenatal mothers improved significantly after garbha sanskar posttest2 onwards.

Comparison of wellbeing scores between experimental and control group

sample z-test for comparison of improvement in wellbeing scores of experimental and control groups. Average improvement in wellbeing score of experimental group is 0.3 in posttest1, 1.1 in posttest2, 1.3 in posttest3 and 1.7 in posttest4. The improvement in coping score of control group is 0 in posttest1, 0.2 in posttest2, 0.3 in posttest3 and 0.4 in posttest4. Z-values for this comparison are 0.5, 2.2, 2.2 and 3.1. Since the p-values were small after posttest1 (less than 0.05). Therefore the null hypothesis(H0) is rejected. The wellbeing in experimental group improved significantly higher as

compared to that in control group. Garbha sanskar is significantly effective in improving the wellbeing scores of antenatal mothers.

Association of Stress level with selected demographic variables

p-values corresponding to age, parity, occupation, monthly family income, education, type of family and previous abortion are small (less than 0.05), the null hypothesis is rejected. Demographic variables age, parity, occupation, monthly family income, education, type of family and previous abortion, religion, husband education, husband occupation, area of living, decision in the family were found to have significant association with stress of antenatal mothers. Stress with gestational week is not significantly associated as the p value is more than 0.05. This assessment was done using Fisher's exact test

Association of coping strategies with selected demographic variables

Since p-values corresponding to parity, occupation, and monthly family income, type of family and previous abortion are small (less than 0.05), the null hypothesis is rejected. Demographic variables parity, occupation, monthly family income, type of family and gestational week previous abortion, religion, husband education, husband occupation, area of living, decision in the family were found to have significant association with coping strategies of antenatal mothers. Coping strategies with gestational week is not significantly associated as the p value is more than 0.05

Association of wellbeing of antenatal mothers with selected demographic variables

P-value corresponding to occupation is small (less than 0.05), the null hypothesis is rejected. Demographic variable occupation and decision in family was found to have significant association with wellbeing of antenatal mothers. Wellbeing of antenatal mothers with age, parity, monthly family income, type of family and gestational week previous abortion, religion, husband education, husband occupation, area of living, are not significantly associated as the p value is more than 0.05

DISCUSSION

The findings of this study have been discussed with reference to the objectives and hypothesis. Stress of the antenatal mothers decreased significantly after garbha sanskar.

Garbha sanskar is significantly effective in improving the coping strategies and wellbeing of antenatal mothers. This indicates the need for imparting necessary education and information on the concept of selected aspect of garbha sanskar-which include Deep breathing exercise, meditation and relaxation.

Stress reduced after administration of selected aspect of garbha sanskar

Level of stress in control group remain same where as in experimental group level of stress reduced significantly.post test stress score reduced as compared to pre test in experimental group. These suggest that administration of selected aspect of garbha sanskar is effective in reducing stress of antenatal mother during pregnancy.

Coping strategies and wellbeing of antenatal mothers improved significantly after administration of garbha sanskar

Coping strategies and wellbeing score in control group remain same where as in experimental group coping strategies and wellbeing score improves significantly.post test coping strategies and wellbeing score is improved as compared to pre test in experimental group. These suggest that administration of selected aspect of garbha sanskar is effective in improving coping strategies and wellbeing of antenatal mother during pregnancy.

It is said that your baby can hear you from the womb, and thus can be educated even before she is born. DrUlkaNatu, Gynecologist and Obstetrician from Nest Hospital explain, "Garbha sanskar is training of the fetus right from the time she is in your uterus. Garbha sanskar believes that whatever you think triggers the release of hormones in your body which have an impact on your baby."Garbha sanskar is a type of training that helps you to cope with your emotions while you are pregnant and possibly has a positive effect on your baby. Garbha sanskar uses techniques like positive thinking and visualization to send positive vibrations and energy to your baby. Dr Ashwini Bhalerao Gandhi, Gynecologist and Obstetrician from PD Hinduja

Hospital say It is true that mother's health does affect the baby. Also, babies are susceptible to stress and any kind of stress can lead to pregnancy complications like premature delivery, intra-uterine pregnancy and miscarriages. Opinions, however, differ on whether you should actively try to stimulate your baby's development or not.

Research also indicates that high stress levels may pose special risks during pregnancy. Several recent studies found that women, who had preterm delivery or low birth-weight infants, had high levels of stress (such as a family death, divorce, job loss) during their pregnancy.

Recent observation is that the stress hormone 'cortisol' can cross the placental barrier when a pregnant woman is under a high degree of stress and dietary protein is low. High cortisol levels can effect fetal brain development, specifically memory.

The Pregnancy Stress Rating Scale (PSRS) was developed by Chen and tested among pregnant women in Taiwan. Using principal axis factor analysis, she found a three-factor structure and factor loadings ranging from 0.33 to 0.87 for Chen' Scale. Chen's 28 stress items were distributed into three factors with factor 1, "stress from seeking safe passage for herself and her child through pregnancy, labor and delivery," containing 11 items; factor 2, "stress from Identifying maternal role," containing 12 items; and factor 3, "Stress from altering body structure and body function," containing 5 items. Affonso's pregnancy stress variables observed among women in the US include physical distress, weight gain and body change, emotional instability, job and career, money, and changes in living pattern.

This descriptive study examined the coping styles and specific strategies used by a group of pregnant adolescents attending an adolescent family support service. Seventy-one adolescents, with a mean age of 17 years, and a mean gestation of 25 weeks, completed the Revised Jalowiec Coping Scale (JCS-R). The findings demonstrated that the optimistic coping style (emotion-focused) was the most frequently used and most effective coping style for these young women. A confrontive coping style (problem-focused) was also used and found to be effective. A combination of problem-focused and emotion-focused styles is recommended, with an increased emphasis on problem-focused approaches. The focus by the adolescents on optimistic approaches is suggestive of a lack of understanding of the challenges that motherhood will place upon them, but is consistent with their age and

developmental stage. A longitudinal study of coping styles and changes in style throughout pregnancy and early motherhood is recommended. Initial assessment and monitoring of coping styles of pregnant adolescents is proposed. This assessment would be the beginning point for a teaching program that highlights increased use of adaptive coping styles (problem-focused) with decreased use of maladaptive approaches, and includes emotion-focused styles. By expanding the repertoire of coping styles and strategies available

Study was to examine the moderational role of pregnancy planning in the relationship between marital status and future parents' well-being. A sample of 154 French-Canadian couples expecting their first child completed assessments of pregnancy planning and of well-being (i.e., anxiety, depression, satisfaction with life, and dyadic adjustment) during the third trimester of pregnancy. Results show that pregnancy planning efforts contribute to future parents' well-being only if they are married. Similarly, marriage offers more benefits than cohabitation, but only if partners have planned the pregnancy.

This study examined the relationships between stress, coping, general well-being, and sociodemographic characteristics using Lazarus and Folkman's theory of stress and coping. A descriptive correlational design was used. The sample consisted of 105 female spouses of currently deployed active duty military members. Instruments included the Perceived Stress Scale, the Jalowiec Coping Scale, and the RAND-36. Perceived stress was the best predictor of both mental and physical well-being, accounting for 51.7% and 25.4% of the variance, respectively. Evasive and optimistic coping contributed an additional 1.9 % and 4.3%, respectively, to the variance in mental well-being. Differences in coping use were found among rank groups, those who grew up in a military family, and those with a previous deployment separation. Nurses are in an ideal position to identify military spouses at risk and provide education on effective coping behaviors shown to positively affect well-being during deployment separation.

Researcher has found that the nature of memory is mainly implicit during the nine months of pregnancy and even till the first few months after birth. Hence, things learnt during the prenatal state reside in the implicit memory. Only due to that, they become instinctive and easy to recall. Therefore, if the parents nurture good thoughts

and good behavior during pregnancy, such good thoughts get easily instilled in the baby.

The cells of the fetus act in two ways- either they grow or they confine and protect themselves. In the latter case, their growth is restricted. The fetal cells change their behavior according to the signals or messages they receive from the mother. Suppose, as an effect of the mother's thoughts, the cells receive a message- " the external world is really fearful; everyday fearful incidents are occurring anew and you have to step into such a world", the foetal cells stop growing! Their growth is restricted and they frantically engage in protecting themselves.

The foetal cells can either grow in a happy atmosphere or they will protect themselves under the shadow of fear and will not grow. The effect of all this is visible later in the birth weight. The children growing in the womb of scared mothers have low birth weight, though they are born full-term. While the children of courageous mothers are born with normal- infact slightly higher- weight.

As a result of imparting sanskars (values) during pregnancy, through various methods suggested by manashakti balanced, leading to increase in birth weight by 400 grams, compared to average birth weight. This goes to prove how important it is for pregnant mothers to retain a proper mental state.

The well-known Canadian scientist Dr. Thomas Verny describes: from the moment of conception the experience in the womb shapes the brain and lays the ground –work for personality, emotional temperaments and the power of higher thought".

Taking a thoughtful care of these things while in pregnancy, leads to the birth of a healthy, faultless and emotionally stable baby. Hence the right time to care for the baby is its prenatal stay and that too by imparting good values to the baby.

Children in the womb, recognize mother's voice! Dr. Barbara Kisilevsky along with the researchers of Zijiang University performed an interesting experiment on 60 fetuses in their third trimester. They played a 2- minute audio cassette in the mother's voice to 30 fetuses, and that of a strange woman, to another 30. It was observed that on hearing mother's voice, the heartbeats of the fetus increased, whereas on hearing the stranger's voice, the heartbeats decreased! Surprisingly, this variation was not confined merely to two minutes, while the cassette was being played, but it continued

further for two minutes, even though the cassette was stopped! Hence it was proved that prior to birth, during pregnancy itself, the fetus recognizes and memories its mother's voice, and not after the birth, as is generally believed. This it is a proof that learning takes place during pregnancy. What is learnt by the fetus during pregnancy is retained not only after its birth, but while in the womb too!

The pulse rate of the fetus is opposite to that of its mother. That means, when the mother's pulse-rate increases, the pulse-rate of the fetus either remains unaffected or it even lessens. This proves that the fetus has an independent mind, opinion and existence which it expresses through its pulse-rate.

At manashakti research centre, an experiment of imparting good values of the fetus- with the help of foetal monitor – is conducted for expecting mothers between 7th to 9th months of pregnancy.

The foetal monitor used while radiating these good thoughts is totally harmless. The effect of the experimenter's thought-radiation is measured with it. Certain remedies are suggested to create a proper co-adjustment between the would- be parents and the fetus.

Effect of rational prayer on the fetus and mother: a quantitative approach-The purpose of this study was, to assess the effect of 'good thought' (called prayer') on the fetus and mother during the 3rd trimester of pregnancy. The good thoughts (called 'prayer') were radiated by swami vijnananand. 1850 cases were critically analyzed in this study. It was hypothesized that radiating prayer to fetus and mother would be effective as it is concurrence with the effect of "spooky action at a distance" in quantum mechanism. The heart rate of the fetus and pulse – rate of pregnant mothers were recorded for all 1850 cases, before and after the prayer was radiated. Pulse rate and heart rate are sensitive indicators, of an individual's emotional status and needs. The authors concluded that, radiation of prayer does have a positive impact on the heart rate of fetus and pulse rate of mother. a pattern of stabilization is observed for both fetus and mother.

Thus it can be concluded that the pulse-rate gets adjusted as an effect of the prayer. This means re-adjustment and balancing of the energy takes place in the mother and the fetus giving comfort to both of them.

In our day-to-day life, depression, anxiety, and stress are seen playing havoc around us! Excessive stress causes frustration and depression, and naturally, a person comes under the spell of fear and anxiety. Gradually, all these interdependent mental disorder, adversely affect human health. Hence it is imperative to evaluate and keep a check on these negative emotions.

After being conceived, a woman's body starts undergoing several changes. Especially hormonal changes lead to mental oscillation in her. Researcher has revealed that, stress and fear in the would-be mother and father's mind can be adversely affect the growth and development of the fetus. Excessive stress or fear can lead to a premature delivery.

CONCLUSIONS

On the basis of the findings of the present study the following conclusions are:

Pregnant women who were exposed to selected aspect of garbha sanskar had significantly reduced stress, improves coping strategies, and wellbeing of antenatal mother after practicing selected aspect of garbha sanskar.

Implication of the study

Every person has the right to health by law. Attainment of health is every one's responsibility. Such person should seek knowledge regarding health within his or her reaches, capacity, pace and interest. Necessary knowledge gained at the right time ensures positive attitude and practices.

The present study findings have implications for nursing practices, nursing education, nursing administration and research.

Nursing practice

The nurse should conduct educational programme on Garbha Sanskar the knowledge are an essential component of community health. Meditation, breathing technique and relaxation are selected aspect of garbha sanskar which antenatal mother can practice.

The nurse educator needs to prepare self-learning material such as learning packages and video films, which can be placed in school library. There is need to develop

educational program for antenatal mother. It will be effective in promoting and reinforcing positive health behavior.

The nurses should be equipped with up-to-date knowledge of garbha sanskar so they can impart appropriate knowledge. This helps to reduce the fear of antenatal mother and encourage them to adopt scientific practices. Education has the opportunity to play an important role in changing the behaviors of learners.

Nursing Education

Although nursing education contains the content regarding antenatal care they need to have a specific health education component with regard to managing stress during pregnancy. Nurses should be equipped with updated knowledge of self care practice during pregnancy so that they are able to impart appropriate knowledge. This will help in reducing the fear in antenatal mother and encourage them to practice garbha sanskar. Changing trends in education stresses need for the incorporation of care during pregnancy, health aspects into nursing education as well. Importance is now on awareness and promotion rather than on curative aspects of health. As changing needs of society, newer components must be incorporated in the nursing curriculum. The nursing students should be taught to use their individual skills in educating antenatal mother during pregnancy.

Opportunities should be given to nursing students to develop and use education material on antenatal care in a variety of settings like school, college, community and hospital.

Nursing Administration

In the event of changing community trends and health focus, nursing administration has a responsibility to provide nurses with continuing education. This enables them in updating their knowledge and acquiring new skills.

Nursing administrators can depute them to various workshops, conferences and special courses also in-service education program related to antenatal care can be arranged for the nursing staff.

Administrator can impart knowledge about newer trends in societal needs and in training to the subordinates. Administrators can also motivate the nursing staff to develop and use information material to impart knowledge about antenatal care.

Administrators can take project on antenatal care by organizing workshops, conferences in schools and colleges. As an administrator nurse can arrange in-service programme for student staff nurses, and faculty member regarding adoption of suitable coping strategies during pregnancy. She can encourage staff to educate the client to use coping strategies whenever they come across client with pregnancy in hospital, in community and other setting. This information can be disseminated through media like newspapers, television, radio, internet etc.

Nursing Research

No profession can exist without research to develop its body of knowledge to test its strategies, to ensure that its action makes a difference. The health care environment today is dynamic and more demanding. There is a need to promote research based practice and the use of evaluation methods to major outcome and document the quality and cost effective care as nursing moves towards an independent professional practice mode.

It is the hour's need for extensive research in the area of strategies for educating antenatal mother in terms of increasing knowledge. The nurse researcher should be able to conduct research on various aspects garbha sanskar to generate more scientific data. Findings of the studies will provide insight and baseline data for educating antenatal mother. If the antenatal mother is able to manage the symptoms with suitable coping strategies, they are enabling to develop positive attitude to cope up with physiological and psychological changes during pregnancy.

Emphasis should also be laid on the publication of findings of research in the journals to disseminate the research-based evidence for nurse practitioners. It also can be presented at various nursing forums so that more number of nurses becomes aware about it and can be used as reference for the further studies.

Community Education

Education has the opportunities to play an important role in changing the behavior of the learners. A national network of organized educational institutions can play greater role in antenatal care. It is a need of the society to include knowledge of antenatal care in the curriculum in order to follow safer and healthy practices. It is very essential to educate antenatal mother to develop right attitude and values towards health nurse can plan screening programme on pregnancy and referral for them. Nurse can conduct educational programme and development of educational material, like information booklet, posters, charts, CDs, pamphlets on adoption of coping strategies among pregnant mother.

RECOMMENDATIONS:

A comparative study can be done between urban and rural pregnancy mother.

A similar study can be done on larger samples.

A study can be replicated in different age groups.

A study can be done on importance of garbha sanskar and their practices.

A study also can be done among the professional students.

A comparative study can be done using different educational material like information booklet, leaflets.

An experimental study may be conducted using different aspect of garbha sanskar

A similar study may be conducted to find out the knowledge related garbha sanskar

A similar kind of study can be undertaken in different setting and different target population, such as working women and housewives.

A similar study can be conducted by administrating information booklet or plan teaching programme on garbha sanskar

A study can be done to see the effect of garbha sanskar on the baby.

BIBLIOGRAPHY

1. Abdullah, F. (1999), Better patient care through nursing approach, New York, Mac Millian Publishing.
2. Amarnath, G. Ameet, S. etal (2000), Text book of Obstetrics for nurses and midwives- Pregnancy and childbirth, 1st edition, New Delhi, Jaypee Brothers.
3. Ashford, L. (2002), Hidden Suffering, Disabilities from Pregnancy and Childbirth in Less Developed Countries, *Population Reference Bureau*.

URL:<http://www.prb.org/Publications/Reports/2002/HiddenSufferingDisabilitiesFromPregnancyandChildbirthinLDCs.aspx>
4. Bajaj, K. (2015), Indian Mythology and GarbhSanskar, *Indian child*.

URL:<http://www.indianchild.com/prenatal/indian-mythology-and-garbh-sanskar.htm>
5. Basavanthappa, B. (1998), Nursing Research, New Delhi, J.P. Publication.
6. Beddoe, A. Paul, Y. etal (2009), The effects of mindfulness-based yoga during pregnancy on maternal psychological and physical distress, Pub med.
7. Behrman, R. Butler, A. etal (2007). Behavioral and Psychosocial Contributors to Preterm Birth, *NCBI Bookshelf*.
URL: <http://www.ncbi.nlm.nih.gov/books/NBK11361/>
8. Bernazzani, O. Saucier, J. etal. (1997), Psychosocial factors related to emotional disturbances during pregnancy,

URL: <http://www.ncbi.nlm.nih.gov/pubmed/9160278> Berg CJ, Atrash HK etal (1998).
9. Berg, C. Atrash, H. etal. (1998), Pregnancy related mortality in US. Obstetrics and gynecology, New Delhi, J.P. Publication.
10. Billings, A. Moos, R. etal. (2003), The role of coping resources in attenuating the stress of life events. *Journal of behavioral medicine*. 2003 Jul 10, pg.no. 139-57.

11. Bhushan, V. sachdeva, D.etal. (2005), Introduction to sociology, 38th edition. Kitabmahal.
12. Bobak, L. (1997), Maternity and Women's Health Care. 6th edition, Missouri, Mosby St Louis.
13. Bosley, D. (1992). Gender and Visual Communication: Toward a Feminist Theory of Design. *IEEE Transactions on Professional Communication*, 35(4): 222-228.
14. .Brunners, L. Sudharth, D. (2010), Text book of medical surgical Nursing : 5th edition, Philadelphia, J.B. Lippincott.
15. Butler, J. (2002), Gender trouble feminism and subversion of identity ,Rutledge New york London.
16. Cathleen, B. Nancy etal.(1993), High risk maternity nursing manual, Florida, William and Wilki.
17. Celine, P. Huss, C. etal (1998), Managing stress-A guide. Pune, Medical Mission Sis & SAHAJ. 15-21
Available from: URL: <http://www.unfpa.org/swp/2003/english/ch1/index.htm>.
18. Clinton, J. Kelber, S.etal. (1993), Stress and coping in fathers of newborns, comparisons of planned versus unplanned pregnancy. *Pub med .gov*. ;30(5):437-43.
URL: <http://www.ncbi.nlm.nih.gov/pubmed/8225809>.
19. Cowen, (2012). Shorter Oxford Textbook of Psychiatry. 6thedition,P-154.
20. Cohen S, Kamarch T etal. A global measure of perceived stress, *Journal of health and social behavior*, URL: <http://www.p.s.scale.htm>
21. Conrod P 2007 the medicalization of the society Johns Haffkins University press
22. Dawn, C. Texbook of obstetrics and neonatology (1993), 12th edition, Calcutta, Dawn book publishers.

23. Deidre w,2005 Nursing and sociology an uneasy relationship, oxford university press

24. Diane, A. Pat, D.etal. (1992). Stress and Coping among Pregnant Adolescents. *Journal Of Adolescent Research*,7(1)page no. 94- 109.
URL: <http://jar.sagepub.com/content/7/1/94.abstract>

25. Dixit, J. (1996), Principles &Practice of Bio-Statistics, Bhanarsi Das, Bhanot Publication.

26. Divya Garbh Sanskar, Divine Spiritual Pregnancy Online Antenatal Classes.2015
URL:<http://divyagarbhsanskar.blogspot.in/p/q-what-is-garbh-sanskar-ans-garbh.html>

27. Dutta, D. (2005), Textbook of Obstetrics, Calcutta, New Central publications.
28. Dhawle A. (2015), Garbha sanskar - Pregnancy Care, Tips, And many More. Worldwide Reiki Healing, Therapy & Training. September URL: <http://reikihelpline.blogspot.in/2015/09/garbhasanskar-pregnancy-care-tips-and.html>

29. Foucault, M. (2003),The birth of clinic on Archaeology of medical perception, Taylor and Francis,Tavistock Publications Limited.

30. Folkman, S. Lazarus, R. etal. (2003), Dynamics of a stressful encounter- cognitive appraisal, coping and encounter outcome. *Journal of personality and social psychology*, 571-9.

31. George, B. (1995), Nursing Theories-base for professional nursing practice, 4th edition. USA, Pearson education.

32. George, R. (2003), The Blackwell comparison to major contemporary social therapist, Blackwell publishers.

33. Goodner, B.(1994), Concepts of Obstetrics Nursing, U.S.A.,Skidmore Ruth Publications.

34. Hoffman, S. Hatch, M. (1996), Stress social support and pregnancy outcome, a reassessment based on recent research. *Pub Med. Org.*; 10(4):380-405.URL: <http://www.ncbi.nlm.nih.gov/pubmed/8931053>

35. Jacob, A. (2005), A Comprehensive text book of midwifery education, 1st edition. New Delhi, Jaypee brothers.

36. Jane, S. Norbeck et al (1983) ,Life Stress Social Support and Emotional Disequilibrium in Complications of Pregnancy, A Prospective Multivariate Study. *Journal of Health and Social Behavior*, 24(1):30-46
URL:https://www.jstor.org/stable/pdf/2136301.pdf?seq=1#page_scan_tab_contents
37. Janet, F. Anthony, A.etal. (2011), Instrument development for measuring stress during pregnancy among women, *Minority health, southern online journal of nursing research*.
http://www.resourcenter.net/images/snrs/files/sojnr_articles2/Vol11Num01Art02.html Journal of Midwifery (July/ August 1988) vol. 33 no.4.pg no.
38. Kashlikar, S. (2000), Stress-understanding and management for wellbeing, Mumbai,Bhalani Publishers.
39. Kathleen, D. (2007) stress symptoms, self-monitoring confidence, well-being and social support in the progression of pre eclampsia/gestational Hypertension. [Online] *Journal of Obstetric, Gynecologic, & Neonatal Nursing April* [cited 2007 sept.17]; 36(5):419-29. Available from URL:
<http://www.interscience.wiley.com/journal>.
40. Kathleen, B.(2006), Increased Stress is an Indicator of Pregnancy-induced Hypertension. Women Health News [online] [cited 2007 Sept.02]: [5 screens]. Available from: URL: www.medindia.net/news/Increased-stress-is-an-indicator-of-Pregnancy-induced-hypertension-25815-1.
41. Kelkar G. (2011), the emotional world of the fetus, 2nd edition Ionavala, manashanti, new way ashram.
42. King, I. (2006). Part One, Imogene M. King's theory of goal attainment. In M.E. Parker, Nursing theories and nursing practice (2nd ed., pp. 235-243).URL:
<http://imogenekingtheory.blogspot.in/p/key-concepts.html>
43. Krogh,V. Trevisan, M. etal.(1990), Coping and blood pressure. [Serial online] [cited 1992 Feb]; 6(1); 65-70. Available form:
URL:<http://www.ncbi.nlm.nih.gov/pubmed>.
44. Lucy, W. (2007), Mother's stress harms fetus, research shows, *The guardian*.
URL:<http://www.theguardian.com/science/2007/may/31/childrenservices.medicineandhealth>
45. Leeners, Brigitte etal. (2007), Emotional stress and the Risk to Develop Hypertensive Diseases in Pregnancy. *Hypertension in Pregnancy Apr.*; 26(2):211-

26. Lock, M. Kaufert, P. et al. (1998), *Pragmatic women and body politics*, United Kingdom, Cambridge university press.
46. Maricon, I. (1996), Uncertainty and stress in women Hospitalized with High-Risk Pregnancy, *Clinical Nursing Research* 5(3): 309-25.
47. Mohanty, P.Sahu, K. (2006), Evaluation of oxidative stress in pregnancy induced Hypertension. *Indian Journal of Clinical Biochemistry* 21(1): 101-5.
48. Melvina, C. (2012), Manayan and Karen Katrina A. Manlapaz. *Nursing Theories*. URL: <http://nursingtheories.blogspot.in/2009/07/queen-who-is-king.html>
49. Michel, G. Richard, M. et al. (2001), Reaction of stressful experience Shorter Oxford Textbook of psychiatry, 18th edition, Calcutta, Oxford University press India.
50. Miller, K. (1992), Encyclopedia and dictionary of medicine, nursing and allied health, 5th edition, U.S.A., W. B. Saunders Company.
51. Monique, R. Wendy, O. et al. (2008), Pre- and postnatal influences on preschool mental health, A large-scale cohort study. *Journal of Child Psychology and Psychiatry*. 49(10):1118-28.
52. Myors, K. Johnson, M. Langdon, R. et al. (2001). Coping styles of pregnant adolescents. *pub med.gov.*; 18(1):24-32.
URL: <http://www.ncbi.nlm.nih.gov/pubmed/11251870>.
53. Neeraja, K. (2005), Textbook of sociology for nursing students, 1st edition jaypee brother medical publishers.
54. NHS HEALTH SCOTLAND (2014). Mental health and wellbeing in pregnancy. *Maternal and early years for early years workers*. URL: <http://www.maternal-and-early-years.org.uk/topic/pregnancy/mental-health-and-wellbeing-in-pregnancy>.
55. Padden, D. Connors, R. et al. (2011), Psychosocial work stress and pregnancy-induced Hypertension. *Epidemiology*. 7 (4) 346-51. Available from URL: <http://www.jstor.org>
56. Patil, S. (2014), Saihealthcare Ayurveda Clinic. URL: <https://drsupriyapatil.wordpress.com/>
57. Paul, A. Maureen, C. et al. (1996), Psychosocial work stress and pregnancy-induced Hypertension. *Epidemiology* Jul; 7 (4) 346-51. Available from URL: <http://www.jstor.org>

58. Philips, (2011), Mother and Childcare report What worries South African moms? A new study reveals that first-time pregnant moms are more stressed than other moms. *Parent 24*. URL: http://www.parent24.com/Pregnant/Pregnancy_health/moms_health/What-worries-South-African-moms-20110513.
59. Polit, D. Hungler, B. et al. (2008), Nursing research principals methods, Philadelphia, J.B.Lippincott.
60. Raddis. A, Nayak B.S, Prakash R.N,etal A study to identify relationship between stress, coping strategies, quality of life and lived experience of women with pregnancy induced hypertension.
61. Ruth, C. (2011), Philips research reveals the state of well-being of South African mothers and children. *Jupiter* URL:<http://www.vmegypt.com/philips-roadshow/philips-research-reveals-the-state-of-health-and-well-being-of-south-african-mothers-and-their-children/>.
62. Ralph, J. DiClemente, Richard A. et al (2007), Emerging Theories in Health Promotion Practice and Research. Jossey bass Awiley imprint. 2nd edition.
63. Raymond, F. (2012), *Progesterone: Essential to Your Well-Being*. Ray peat forum. *december*. URL:<http://www.raypeatforum.com/forum/viewtopic.php?style=22&f=19&t=843>
64. Romano, L. Hubbard, J. et al (2009), *Connections between parents' friendships and children's peer relationships*. *Journal of Social and Personal Relationships*. URL:<http://www.medworm.com/rss/search.php?qu=Journal+of+Social+and+Personal+Relationships&t=Journal+of+Social+and+Personal+Relationships&s=Search&f=source&page=9>
65. Selye, J. (2004), Complementary therapies to reduce physiological stress in pregnancy, *Complementary Therapies in Nursing and Midwifery* Aug; 10(3): 162-7
66. Sachdeva, D. Bhushan, V. et al. (2005), introduction to sociology, Patna, Kitab mahal agencies.
67. Singh, H. Association of women's health, Obstetrics and neonatal nurses. *Health education in South East Asia*. 55(7): 341-42
68. Sorenson, L. (1993), Basic Nursing psycho physiological approach 3rd edition, U.S.A. W.B. Saunders Company.

69. Stancak, (1994), EEG changes during forced alternate nostril breathing. Pub Med Org. 18(1):75-9.
70. Tagi, P. (2014), the science behind garbha sanskar. Discover indiaSanskrit our culture our way of life. URL:
http://www.sanskritimagazine.com/vedic_science/the-science-behind-garbh-sanskar/
71. Talbot, A. (1995), Principles and practices of nursing research, St. Louis, Mosby.
72. Tanushree, (2008), Performing Garbha Sanskar during Pregnancy. Tanushree diving garbha sanskar. URL:<http://www.tanushreegarbhasanskar.com/medical-aspects/>
73. Taylor, S. (1991), Health Psychology 2ndedition, London, International Publication.
74. Treece and Treece (1986), Elements of research in nursing, 4th edition, Philadelphi, C.V. Mosby company.
75. Wayne,G.(2014),Imogene M. King's Theory of Goal Attainment.URL:
<http://nurseslabs.com/imogene-m-kings-theory-goal-attainment/>
76. URL: <http://nurseslabs.com/imogene-m-kings-theory-goal-attainment/>
77. URL: <https://irishmediaman.wordpress.com/2012/03/30/334/>
78. URL: https://en.wikipedia.org/wiki/Feminist_theory
79. URL: http://www.storknet.com/ip/staying_well/stress/stress.html
80. URL: <https://ramanan50.wordpress.com/tag/indian-national-congress/>
81. <http://members.efn.org/~djz/birth/HVMA/socialsupport.html>
82. URL:<http://www.theguardian.com/science/2007/may/31/childrensservices.medicineandhealth>
83. URL: https://www.endocrinology.org/.../2007-05-31_stress%20in%20pregnaCY
84. URL: <http://www.bizcommunity.com/Print.aspx?l=4&c=153&ct=1&ci=59838>

(PART - I)

DEMOGRAPHIC VARIABLE

Code Number _____

1. Age -

- a. Below 20 year
- b.21-25 Years
- c.26-30 Years
- d.31-35 Years
- e.Above 35 Years

2. Gravida

- a.Primi
- b.Second
- c.Third
- d.Fourth
- e.Above Fourth

3. Working status

- a.Private service
- b.Government service
- c.Self employed
- d.House wife
- e.Others (Specify)_____

4. Family Income

- a.Less than 5000/month
- b.Rs.5001- 10,000/month
- c.Rs.10, 001 – 15,000 /months
- d.Rs.15, 001 – 20,000 /months
- e. More than Rs. 20,000

5. Education

- a.Primary school
- b.Secondary School
- c.Higher secondary School
- d.Graduate
- e.Postgraduate
- f.Any other (Specify) _____

6. Type of Family

- a. Joint
- b.Nuclear
- c.Extended

7. Weeks of Gestation _____

8. History of abortion – Yes / No

(PART II)

PHYSIOLOGICAL ASSESSMENT

1) Weight – Kg

2) Pulse - /Min

3) BP - mmHg

4) Hb - gm%

5) FHS - /min

(PART III)

STRESS SCORING SHEET

Instructions

- Please do tick () on any option which seems to be the most appropriate to you.
- Please do complete the whole list without missing any question and do work alone.

A.	PHYSICAL STRESS DURING PREGNANCY	Never	Rarely	Some times	Always
		0	1	2	3
1.	I have disturbed sleep pattern.				
2.	I have headache				
3.	I take adequate diet				
4.	I feel tired after little work				
5.	I have backache				
6.	I have body ache				
B.	PSYCHOLOGICAL STRESS DURING PREGNANCY				
7.	I can feel my heart pounding in my chest when I am tense.				
8.	I feel my stomach is sinking and my mouth getting dry when I am tensed.				
9.	I notice that I sweat profusely when I am tensed				
10.	I find difficulty in taking decisions on any matters concerning my life				

B.	PSYCHOLOGICAL STRESS DURING PREGNANCY	Never	Rarely	Some times	Always
		0	1	2	3
11.	I find difficulty in discussing my minor illness with friends, family members				
12.	I am worried about my marriage life				
13.	I am worried about my health				
14.	I am worried about my baby's health				
15.	I feel I am not able to play family role satisfactorily because of my pregnancy				
16.	I am worried about mode of delivery				
17.	I am worried about sex of child				
18.	I feel why I am pregnant				
19.	I am worried about who will take care of myself and my baby after delivery.				
C.	FINANCIAL STRESS DURING PREGNANCY				
20.	I am worried about the expenses required for my pregnancy				
21.	I am worried as I take financial help from friends/ relative's/ neighbor.				
22.	I find changes in the behavior of my family members towards me due to financial constrain.				
D.	FRUSTRATION AND SELF PERCEPTION STRESS DURING PREGNANCY				
23.	I get disturbed when I can't do what I want to do.				
24.	It bothers me when my plans related to this pregnancy are dependent upon action of others.				
25.	Arguments upset me.				
26.	I tend to blame myself whenever something goes wrong.				
27.	Unable to complete task priority wise				

Stress Scoring

0 – 27 Mild Stress

28 – 54 Moderate Stress

55 – 81 Sever stress

(PART IV)

COPING STRATEGIES

SR. NO.	COPING STRATEGIES	Never	Rarely	Some times	Always
		0	1	2	3
1.	I go for regular health checkups.				
2.	I consider sleep as best solution to reduce stress.				
3.	I do not worry about financial matter.				
4.	I am able to complete task priority wise.				
5.	I try to keep my feelings to myself.				
6.	I use relaxation technique				
7.	I do breathing exercise				
8.	I do meditation				
9.	I face problems and try to solve it.				
10.	I go to temple /church/ mosque regularly				
11.	I watch television/ listen to music/ read, to entertain myself.				
12.	I talk with my friends, family members, neighbors.				
13.	I share my problems with my husband.				
14.	I put my trust in God				
SR. NO.	WHAT DO YOU DO WHEN UNDET STRESS	Never	Rarely	Some times	Always
		0	1	2	3
15.	I cry to relieve my stress.				
16.	I am able to speak openly about my feelings when I am worried.				
17.	I try to get more information about pregnancy from different sources.				

18.	I like to be alone.				
19.	I take things positively.				
20.	I accept myself as I am.				
21.	I drink glass of water when I am tense.				
22.	I keep quite when things are not in my hands				
23.	I Chant God's name.				

0 - 23 Poor level of Coping

24- 46 Good level of coping

47 -69 Very good level of coping

PART III

PGI GENERAL WELLBEING MEASURE

Instruction: How do you feel these days. Please give your responses to the following statement in relation to your life in the form of YES OR NO

Sr. No.	STATEMENTS	Response(YES OR NO)
1.	In good spirit	
2.	In firm control of behaviour and feeling	
3.	Fairly happy in personal life	
4.	Interested in life a good bit of the time	
5.	Sleeping fairly well	
6.	Feeling emotionally stable a good bit of the time	
7.	Feeling relaxed most of time	
8.	Feeling energetic most of time	
9.	Feeling cheerful most of time	
10.	Not bothered by nervousness	
11.	Not bothered by anxiety or worry	
12.	Not easily tired	
13.	Not bothered illness or pain	
14.	Not feeling depressed or dejected	
15.	Feeling satisfied with life in general	
16.	Not easily irritated most of the time	
17.	Feeling useful, wanted	

18.	Feeling productive, creative	
19.	Having sense of belongingness	
20.	Being in good health	

YES – 1 NO – 0

0 – 7 Low level of wellbeing

8 – 14 Medium level wellbeing

15 – 20 High level wellbeing

LIST OF EXPERT

SR. NO.	NAME	DESIGNATION
1.	Dr. Sneha pitre	Vice-Principal Bharati vidyapeeth college of nursing, Pune.
2.	Dr. Nilima Bhore	Principal Bharati vidyapeeth college of nursing, Sangli
3.	Dr. R. S. Potdar	HOD, Community Health Nursing Bharati Vidyapeeth College of nursing, Pune.
4.	Mrs. Madhuri shelke	Principal Tilak maharasta vidyapeeth college of nursing, sangli.
5.	Mrs. Lily podder	Asso. Professor Bharati vidyapeeth college of nursing, pune.
6.	Mrs. Praveena mahadalkar	Professor Bharati vidyapeeth college of nursing, pune.
7.	Mr. S. J. Khurjekar	Advocate
8.	Dr. S. I. Kumbhar	Principal, sociologist
9.	Dr. kalyani barde	Naturopathies. Pune
10.	Dr. gauri borkar	Naturopathies. Aurangabad
11.	Dr. chaya deshमुख	OBG, dept. Bharati vidyapeeth college of nursing, pune.
12.	Dr. Wagh Girija	HOD, OBG, dept. Bharati vidyapeeth college of nursing, pune.
13.	DR. Mehandale	OBG, dept. Bharati vidyapeeth college of nursing, pune.
14.	Dr. Kulkarni Minal	Bharati Ayurvedik hospital, pune
15.	Dr. Phadke Mrudula	Physiology department, Bharati vidyapeeth
16.	Dr. swati mohite	HOD of OBG Dep. Ayurvedic hospital bharati

		vidyapeeth, pune.
17.	Dr. sane J.R.	Bio-statistician Modern college, pune.
18.	Mrs. Alka kalambi	Principal, L.T. College of nursing, churchgate
19.	Ms. Parul khebdiwala	Professor L.T. College of nursing, churchgate
20.	Mrs. Avani oke	Associate professor L.T. College of nursing, churchgate
21.	Mrs. Akansha waghe	Assit. professor L.T. College of nursing, churchgate
22.	Mrs. Arundhati gurav	Principal Minatai thakare school of nursing, Thane.
23.	Mrs. Nanda deshpane	Vice-principal Minatai thakre school of nursing, Thane.
24.	Mrs. Anita Thatte	Lecture Minatai thakare school of nursing, Thane.
25.	Abhay joshi	Bio statician Bharati vidyapeeth
26.	Dr. A.S. Patil	Asso. Professor Bharati vidyapeeth ayurvedic hospital pune
27.	Dr. Gholap U,D.	Asso. Professor Bharati vidyapeeth ayurvedic hospital pune
28.	Dr. Pawar V.S,	Asso. Professor Bharati vidyapeeth ayurvedic hospital pune
29.	Dr. Khairnar A.J.	Professor Bharati vidyapeeth ayurvedic hospital pune

From

Mrs. Jyotsna Deshpande

P.hD Nursing student,

Tilak Maharashtra Vidyapeeth

Gultekadi, Pune.

To

Forwarded through the Principal

Subject : - Requesting opinion and suggestion from experts for establishing content validity of research tool

Respected madam/Sir

I am a P.hD Nursing student of college of nursing, Tilak Maharashtra Vidyapeeth Gultekadi, Pune.

In partial fulfillment of my P.hD degree, I have selected the topic mentioned below for the research dissertation to be submitted to Tilak Maharashtra Vidyapeeth.

Topic "**A study to assess effect of selected aspect of Garbha Sanskar on stress, coping strategies and wellbeing of antenatal mothers of Pune city**". I request you to kindly go through the content of the data collection tool enclosed here in term of its relevance and accuracy.

Kindly go through this tool and do give your valuable suggestions.

Thanking you in anticipation.

Yours Sincerely,

Date:

Principal

Certificate for Validity of data collection tool

CERTIFICATE

This is to certify that Mrs. Jyotsna Deshpande working on her dissertation topic. **"A study to assess effect of selected aspect of Garbha Sanskar on stress, coping strategies and wellbeing of antenatal mothers of Pune city"**. In partial fulfillment for the award of P.hd. Nursing Degree has given her tools in terms of establishing content validity of the research tool validity.

I have gone through the content of the data collection tool enclosed here in term of its relevance and accuracy and has given my suggestions in the space provided against each item of the tool and I have found it valid.

Designation: -

Signature: -

Date: -

PROFORMA FOR EXPERT'S OPINION FOR CONTENT VALIDITY OF TOOL

Kindly go through the content of:

Section I – Demographic data

Section II – Stress scoring

Section III – Coping strategies Score

Section IV – Wellbeing Score

Kindly give your expert opinion on basis of the mentioned criteria. Please put a tick mark () in appropriate column provided against each section of the tool. Please give your frank opinion in the column for remark.

Selection of The tool	Items are Adequate	Items are relevant	Items are Accurate	Items to be omitted	Items to be added	Remarks
Section I – Demographic data						
Section II – Stress scoring						
Section III – Coping strategies Score						
Section IV – Wellbeing Score						

From

Mrs. Nilima Pandit

P.hD Nursing student,

Tilak Maharashtra Vidyapeeth

Gultekadi, Pune.

To

Forwarded through the Principal

Subject : - Requesting opinion and suggestion from experts for establishing content validity of research tool

Respected madam/Sir

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Kindly go through this tool and do give your valuable suggestions.

Thanking you in anticipation.

Yours Sincerely,

Date:

Principal

Certificate for Validity of data collection tool

CERTIFICATE

This is to certify that Mrs. Nilima Pandit working on her dissertation topic. **"A study to assess the effect of reflection on exploring clinical performance in selected procedures by nursing students in Pune city"**. In partial fulfillment for the award of P.hd. Nursing Degree has given her tools in terms of establishing content validity of the research tool validity.

I have gone through the content of the data collection tool enclosed here in term of its relevance and accuracy and has given my suggestions in the space provided against each item of the tool and I have found it valid.

Designation: -

Signature: -

Date: -

